The Association of Nurses in AIDS Care

Welcomes You to its 20th Annual Conference

November 8-11, 2007

Orlando, Florida

Reflecting on Our Past, Envisioning Our Future...

Conference Program

ANAC
ASSOCIATION OF NURSES IN AIDS CARE

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ANAC
ASSOCIATION OF
NURSES IN AIDS CARE

November 2007

Dear Colleagues,

I would like to take this opportunity to welcome you to the 20th Annual ANAC Conference "***Reflecting on Our Past, Envisioning Our Future.***" Whether this is your first ANAC conference or your twentieth, I hope you find the program that the 2007 Conference Committee has pulled together to be both educational and full-filling.

As committee chair, I felt the theme for this year: "Reflecting on Our Past, Envisioning Our Future", was so appropriate, this being our 20th year. The concept for the logo is the Awareness symbol for HIV/AIDS – the Red Ribbon, reflecting in a mirror. As I reflect back to my first ANAC conference, I am just so grateful to the wonderful friendships that I have, and that have developed over the years. I love my ANAC family.

Since my first Conference in Chicago, in 1996, where I took the first HANCB, ACRN certification exam, I was hooked, and I have not missed one since. My hope is that YOU take from this conference the feeling that I got from my first ANAC experience. We must learn from our past, learn from our past leaders and move forward, collaborate, network, and work together to keep this organization strong.

This is YOUR conference, attend the sessions, participate, network; provide your feedback. Your feedback is important and is listened to in coordination of future conferences. This conference is for YOU, the MEMBERSHIP.

I want to thank the BOD for their support with this program especially Drew Komensky and the entire Conference Committee for their hard work. I want to extend my appreciation and THANK YOU, to each of you for coming and hope you enjoy the program and hope that you head home with a clear vision of the future direction of ANAC.

Sincerely,

Keith P Huber, RN, BSN, ACRN
2007 ANAC Conference Chair

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ANAC
ASSOCIATION OF
NURSES IN AIDS CARE

November 2007

Dear Colleagues,

I would like to take this opportunity to welcome you to the 20th Annual Conference *Reflecting on Our Past, Envisioning Our Future*. The conference committee has worked hard to provide state of the art content in the various aspects of HIV/AIDS nursing. I thank them for their diligence to assure the excellence which we have become accustomed.

2007 is a very exciting year for ANAC, as we celebrate our 20th Anniversary. Conference will provide an opportunity to meet many of the founding members of the organization as well as the past leaders that have influenced the growth of ANAC. Nursing has played an important role in the HIV/AIDS epidemic and that role continues to grow – let's celebrate the influences of nursing.

As I complete and reflect on my term as President, ANAC continues to grow and prosper. I hope you will attend the different events to hear about ANAC's accomplishments. Over the last two years, I have had the chance to represent ANAC in various settings for which I will always cherish the experiences. These experiences made me proud to be a nurse and an ANAC member – as there is no other organization with the spirit of nursing that we have.

I would like to take this time to say thank you to the Board of Directors and Committee Chairs for their hard work and commitment this past year. The Board was faced with many challenges and decisions were made in the best interest of the organization and its members. I thank all of you for helping us with projects, committee work, and overall support. You, the membership make the organization what it is and without you, ANAC could not accomplish so much.

Finally, enjoy your time at conference. Let us truly reflect and celebrate our past and continue to envision and move toward our future.

Sincerely,

Christine A Balt

Christine A Balt, MS, RN, APRN, BC, AACRN, FNAP
President

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ANAC
ASSOCIATION OF
NURSES IN AIDS CARE

November 2007

Dear Colleagues:

On behalf of all of the staff at ANAC's National Office, I welcome you to the 20th Annual Association of Nurses in AIDS Care National Conference. This year's theme, "***Reflecting on Our Past, Envisioning Our Future...***" certainly celebrates our past while recognizing the challenges of our future. While we are all aware of the new treatment options, HIV infections are on the rise in many parts of our own country and in the world. What better place to come together to renew, refresh and learn than here with your ANAC colleagues.

ANAC's primary mission is to foster the individual and collective professional development of nurses involved in the delivery of health care to persons infected or affected by the Human Immunodeficiency Virus (HIV) and to promote the health, welfare, and rights of all HIV infected persons. Certainly this National Conference offers us all the opportunity to come together to cooperate and collaborate around our common interests and concerns. One of ANAC's real returns on investment is the impact of programs like this conference on our members.

This year's excellent conference agenda is another example of the hard work, dedication and success of our Conference Committee. Co-chaired by Keith Huber and Patrick Kenny, this committee has worked tirelessly to bring you the best in the way of speakers, content and venue. I encourage you to make the most of your conference sessions by actively participating in the dialogue. Please be sure to provide your feedback, both on the written evaluation and at the registration area. The Committee as well as the National Office uses your comments to improve the conference each year.

I thank you for your continued commitment to the fight against HIV and your dedication to ANAC. I send my best wishes for a productive and informative conference.

Sincerely,

Adele A. Webb
Executive Director

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CHARLIE CRIST
GOVERNOR

November 8, 2007

Dear Friends:

Welcome to the Association of Nurses in AIDS Care's 20th Annual Conference. While here, I hope you spend time enjoying Florida's wonderful accommodations, many attractions and Southern hospitality.

Nurses play a critical role providing quality healthcare, educational and counseling services to citizens in the State of Florida and throughout the nation. This year's theme "Reflecting on Our Past, Envisioning Our Future" will provide many opportunities to network and learn about the newest healthcare techniques available.

Thank you to the Association of Nurses in AIDS Care for your hard work and dedication to ensure that individuals with AIDS live fulfilling lives. Your commitment has made a difference in the lives of countless people.

Best wishes on a successful conference!

Sincerely,

Charlie Crist

THE CAPITOL
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CITY OF ORLANDO

OFFICE OF
BUDDY DYER
MAYOR

WELCOME TO THE GREAT CITY OF ORLANDO!

As Mayor of Orlando, I would like to take this opportunity to welcome the attendees for the Association of Nurses in AIDS Care, Twentieth Annual Conference. I hope that your conference is a successful one as attendees explore the theme "Reflecting on Our Past, Envisioning Our Future."

For those who are first time visitors, you will discover that Orlando's community is rich with opportunities for recreation, cultural entertainment, educational resources, and business enterprises. You will also notice that when it comes to service and hospitality, Orlando is second to none.

Once again, thank you for visiting our community! I hope you enjoy your time here in the Orlando area and I hope you plan on visiting us again soon.

Sincerely,

Buddy Dyer
Mayor

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HAVE YOU SEEN ANAC'S NEW WEBSITE?

www.nursesinaidscare.org

PLEASE JOIN

the Board of Directors at the Business Meeting
on Friday, November 9 at 3:45 pm for the public debut
of ANAC's new website.

New and exciting features on the website include:

- Managing your own member profile
- Renewing quickly and easily on-line
- Registering for Conferences and CEU's on-line
- Expanded Resources section
- Members-only Discussion Groups

2007 Agenda at a Glance

Wednesday, November 7

PRE-CONFERENCE
The Impact of HIV/AIDS on Hispanics
11:00 am – 5:00 pm
Swan Ballroom

HANCB Board Meeting
5:00 pm - 7:00 pm
Eagle Boardroom

Registration
5:00 pm – 7:00 pm

Thursday, November 8

HANCB Board Meeting
7:00 am – 2:00 pm
Eagle Ballroom

JANAC Editorial Board Meeting
8:00 am - 2:00 pm
Lark 1

Registration
10:30 am - 6:00 pm

National Leadership Council
11:00 am – 1:00 pm
Swan Ballroom 7

Chapter Leaders Meeting
12:45 pm – 3:30 pm
Parrot

Committee Meetings
1:00 pm – 3:30 pm
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Opening/Keynote Awards Dinner
4:00 pm – 7:30 pm
Swan Ballroom

Gala
7:45 pm – 10:30 pm
Swan Ballroom

Friday, November 9

Satellite Breakfast
7:00 am – 8:30 am
Swan Ballroom

Registration
8:00 am – 3:30 pm

Plenary Speaker
8:45 am – 10:15 pm
Adeline Nyamathi, ANP, PhD, FAAN
Swan Ballroom

Concurrent Sessions
10:30 am – Noon

Exhibits Open
Noon – 5:00 pm
Swan Ballroom

Poster Reception/ Lunch in Exhibit Hall
Noon – 1:45 pm
Swan Ballroom

Concurrent Sessions
2:00 pm – 3:30 pm

Annual Business Meeting
3:45 pm – 6:15 pm
Pelican

Satellite Dinner
6:45 pm – 7:30 pm
Educational Session
Swan Ballroom

7:30 pm – 9:30 pm
Reception
Osprey Ballroom

Saturday, November 10

Satellite Breakfast
7:00 am - 8:30 am
Osprey Ballroom

Registration
8:00 am – 3:30 pm

Exhibits
8:00 am – 1:00 pm
Swan Ballroom

Plenary Speaker
8:45 am – 10:15 am
Deborah Witt Sherman, PhD, APRN, ANP, PCM, BC, FAAN
Swan Ballroom

Concurrent Sessions
10:45 am – 12:15 pm

Satellite Lunch
12:30 pm – 2:30 pm
Swan Ballroom

ANAC BOD Meeting
2:00 pm - 4:00 pm
Eagle Ballroom

Concurrent Sessions
2:45 pm – 4:15 pm

Celebration of Life
4:30 pm – 6:00 pm
Pelican

Satellite Dinner
7:00 pm - 9:00 pm
Swan Ballroom

Sunday, November 11

Satellite Breakfast
7:00 am - 8:30 am
Osprey Ballroom

Registration
8:00 am – 1:00 pm

2008 Conference Committee Meeting
8:30 am - 10:30 am
Eagle Boardroom

Roundtables
9:00 am – 10:15 am
Swan Ballroom

Plenary Speaker
10:30 am – Noon
Marilyn K. Volker, EdD

Closing/ Evaluation
Noon – 12:30 pm

2007 Conference Objectives

This year, the focus of the conference is to:

- Discuss the impact that the Association of Nurses in AIDS Care has had on the art and science of HIV/AIDS nursing, activism, care, treatment, and research over the past 20 years.
- Discuss the domestic and global issues impacting HIV transmission, prevention, and care.
- Identify the latest treatment strategies for managing HIV disease.
- Promote analytic dialogue through development and advocacy in HIV/AIDS policies for communities infected with and affected by HIV/AIDS.
- Explore the impact of HIV-related health disparities on vulnerable communities and populations.
- Identify critical research findings to be integrated into evidence-based nursing practice.
- Identify ANAC policy and practice outcomes to promote evidence-based practice synergistic with prevention, HIV disease management, global programs, and HIV-related health disparities in vulnerable communities and populations.

The 2007 ANAC conference is a great opportunity to network with colleagues from the United States, Canada, and other countries. One of the highlights of any ANAC meeting is catching up with friends and contacts. This year promises many opportunities to network.

Registration

All attendees must register for the conference. The registration desk is located on the First floor in the foyer of the convention wing and is open during the following hours.

Wednesday: 5:00 pm – 7:00 pm
Thursday: 10:30 am – 6:00 pm
Friday: 8:00 am – 3:30 pm
Saturday: 8:00 am – 3:30 pm
Sunday: 8:00 am – 1:00 pm

What the Registration Fee Includes

The registration fee includes admission to:

- All conference education sessions, exhibits, poster sessions, and roundtable discussions
- The Opening/Keynote/Awards Dinner
- The Gala Reception
- Lunch in the Exhibit Hall
- Coffee Breaks
- CE Contact Hours

Name Badges

The official conference name badge must be worn for access to all conference educational sessions, exhibit hall, and social functions. For your safety, do not wear your badge outside the convention hotel.

Continuing Education Accreditation

You MUST provide your nursing license number to register for your CE contact hours. This program has been approved for 15.3 contact hours for those attending the entire program. CE certificates will be available for single-day attendees. The nursing continuing education contact hours will be awarded by the Association of Nurses in AIDS Care. The Virginia Nurses Association approves ANAC as a provider of continuing education in nursing. This accredited status refers only to the continuing nursing education and does not imply endorsement of any commercial product. The Virginia Nurses Association is accredited as an approver of continuing education in nursing by the American Nurses Center's Commission on Accreditation.

Evaluations

Your feedback provides important information to help us improve the conference. Please take a few minutes to share your thoughts and input by completing the conference evaluation forms. The evaluation and CE Continuing Education Record must be completed and handed in to receive your CE Certificate.

Speaker Ready Room

Toucan 2

Presenters may preview their slides and time their presentations using an LCD in this room. This room is available upon request on Friday, Saturday and Sunday during registration hours.

Opening Session/Keynote/Awards Ceremony

This year we will have our Keynote Speakers, Errol Chin-Loy, Cliff Morrison, Lucy Bradley-Springer and Carl Kirton, and then we will have our "Awards Dinner." Everybody is invited to attend both the keynote and the Awards Ceremony! The keynote speakers will set the tone for the conference and we want everybody to attend the evening Awards Ceremony. Enjoy dinner while congratulating peers and colleagues for their contributions to HIV/AIDS nursing.

Gala/Reception

Upon conclusion of the Evening Awards Ceremony, the banquet hall kicks back for some fun. All attendees are invited to attend the Gala Reception. Come for the entertainment, dance to your heart's delight or grab a seat and catch up with new and old friends. Due to the award's dinner being held before the Gala there will only be light Hors D'ouvres served.

Celebration of Life

This year's Celebration of Life will feature the AIDS Memorial Quilt™/Names Project and a Riderless Horse service. The Names Project will facilitate Memorial Quilt panel dedications, and members will have a chance to share their thoughts, stories of lost loved ones and dedicate their panels. ANAC is also dedicating a panel displaying our 20th Anniversary Logo, on which members may write notes about lost loved ones.

It has been a tradition at the Celebration of Life to provide a memorial service appropriate to the local area. In New Orleans, we had a jazz funeral; in Las Vegas we had a Native American service. Since Central Florida is known for horses, the Celebration of Life is closing with coverage of a Riderless Horse service. The Riderless Horse honors those who have worked for our community. At our Celebration of Life we honor those who have lost their fight against HIV/AIDS.

Poster Session

Posters represent research, clinical practice, administration, and education projects, developed by our membership. Please check the Conference Schedule for Poster Session times.

Roundtables

Roundtable sessions are led by a facilitator who will convene a group discussion. Please check the Conference Schedule for Roundtable time.

Exhibits

Exhibits are located in the Swan Ballroom. ANAC welcomes government agencies, community-based organizations, pharmaceutical companies and many others to showcase their exhibits, providing valuable information and give-aways. Please check the Conference Schedule for day and time, free lunch and coffee break.

ANAC Annual Business Meeting

Friday, November 9, 3:45 pm – 6:15 pm

The Annual Business Meeting is a forum for the discussion of Association initiatives, strategic direction, and operations. It is an opportunity for members to voice their opinions on issues affecting the Association. The meeting affords time for dialogue among members, appointed leaders, staff, and the Board of Directors. The meeting will include the secretary's report on the activities of the BOD, the treasurer's financial report, the Executive Director's operations report, and the President's annual State-of-the-Association Address. The agenda will include action of any resolutions that have been submitted for consideration.

ANAC Merchandise

All registrants are encouraged to stop by the ANAC Merchandise Booth, located at the registration desk.

SATELLITES

Friday, November 9th - Breakfast
Osprey Ballroom -7:00 am – 8:30 am

Caring for the Treatment-Experienced Patient: Essential Information for Nurses

Advances in HIV/AIDS treatments have extended the lives of individuals living with HIV and decreased AIDS-related morbidity. Currently, the estimated one million HIV-infected individuals in the United States include a significant number of treatment-experienced patients. While combination antiretroviral therapy has proven highly successful for many individuals, an increasing number experience treatment failure. A key topic for HIV healthcare providers is the management of treatment-experienced patients who experience a loss of virologic, immunologic or clinical benefit from their current therapy.

As frontline care providers, nurses and nurse practitioners function as primary care providers, case managers, researchers and educators who provide services in all areas of HIV care. This program will review key information to increase the essential knowledge and skills in providing care to treatment-experienced patients. Topics include medication resistance, quality of life, management of treatment toxicities and side effects, the impact of comorbidities, and current treatment agents as well as those in various stages of development.

Course Director: **Don Kurtyka, ARNP, MS, MBA**
Director, HIV Services, Tampa General Hospital
Nurse Practitioner, Hillsborough County Health Department
Instructor, University of South Florida College of Medicine
Tampa, Florida

Faculty: **Minda J. Hubbard, MSN, ANP-C, AAHIVM**
Research Nurse Practitioner
Division of HIV Medicine
Albany Medical College
Albany, New York

Todd S. Wills, MD
Assistant Professor, University of South Florida College of Medicine
Division of Infectious Disease and International Medicine
Assistant Director Southeast STD/HIV Prevention and Training Center
Tampa, Florida

Jerry Wolbert, RN, FNP
Gouverneur Healthcare Services
New York, New York

Supported through an educational grant from Tibotec Therapeutics

Friday, November 9th – Educational Session & Reception
Swan Ballroom - 6:45 pm – 7:30 pm
Osprey Ballroom – 7:30 pm – 9:30 pm

Gynecologic Care and Pregnancy Related Considerations in HIV Infected Women

Faculty: **Princy N. Kumar, MD**
Professor of Medicine and Microbiology
Chief, Division of Infectious Diseases
Senior Associate Dean of Students: Georgetown University School of Medicine

This symposium is sponsored by Boehringer Ingelheim.

Saturday, November 10th - Breakfast
Swan Ballroom – 7:00 am – 8:30 am

Treatment of HIV-Associated Facial Lipoatrophy Using Radiesse

RADIESSE® dermal filler is FDA-approved to restore and correct the signs of facial lipoatrophy in patients with HIV, as demonstrated in the FDA clinical study. RADIESSE is injected into the skin through a simple and minimally invasive procedure and delivers both immediate and long-lasting results that may last a year or more in many patients.

Faculty: **Mariano Busso, MD**
Chief of Dermatology,
Mercy Hospital, Miami, FL
Voluntary Assistant Clinical Professor of Dermatology,
University of Miami

Sponsored by BioForm

Saturday, November 10th - Lunch
Swan Ballroom – 12:30 pm – 2:30 pm

Pandemic of HIV and Aging: Identifying Challenges and Advantages

Activity Purpose: This educational activity will review age-specific topics affecting treatment decisions, such as exacerbation of associated comorbidities, safety, efficacy, potential drug interactions, and adherence to antiretroviral therapy, with an emphasis on the elderly HIV+ patient population.

Course Description: Before the antiretroviral therapy (ART) era of HIV treatment, advanced age itself was described as a risk factor for progressive HIV disease and increased morbidity and mortality. With the availability of ART, morbidity and mortality associated with HIV therapy have markedly decreased, and HIV has largely become a chronic, treatable disease in developed countries. At least one tenth of people living with HIV in the United States are older than 50 years, a percentage that is likely to increase as infected persons live longer. As the HIV epidemic enters its third decade, greater attention is being directed to the diagnosis and management of older HIV-infected patients, who have an extremely complicated disease course, often with complications of HIV, adverse effects from ART, mental illness, substance abuse, and multiple medical comorbidities. Nurses need to be updated on the most recent data regarding various aspects of antiretroviral medication. The purpose of this program is to educate nurses and nurse practitioners on treatment and therapeutic options for managing the expanding aging population with HIV.

Course Director: **Nilmarie Guzmán, MD**
Clinical Assistant Professor
Internal Medicine—Infectious Diseases Division
University of Florida Health Services Center
Staff Physician, Infectious Diseases
Shands Hospital
Jacksonville, Florida

Faculty: **Ian R. McNicholl, PharmD, BCPS (ID)**
Assistant Clinical Professor, UC—San Francisco School of Pharmacy
Clinical Pharmacy Specialist
UCSF Positive Health Program at San Francisco General Hospital Medical Center
San Francisco, California

Judy K. Shaw, PhD, MS, ANP-C
Infectious Disease Section
Nurse Practitioner
Samuel S. Stratton VA Medical Center
Albany, New York

This activity is funded through an educational grant from GlaxoSmithKline.

Saturday, November 10th - Lunch
Osprey Ballroom - 12:30 pm – 2:30 pm

Assessing Best Practices in HIV/AIDS Therapy: A Review of Recent Conference Developments

Strategies for effective treatment of HIV disease continue to evolve rapidly as new agents are introduced and new data are reported on our older antiretroviral drugs. Results from large-scale clinical trials and cohort studies, as well as expert guidelines and clinical experience, all serve as important drivers in the evolution of HIV management considerations. This program is designed to review and discuss recent published and/or presented clinical data from major HIV/AIDS publications and conferences so that health care providers can optimize HIV management strategies for both treatment-naïve and treatment-experienced patients.

Moderator: **Richard S. Ferri, PhD, ANP, ACRN, FAAN**
Past President
Association of Nurses in AIDS Care
Provincetown, Massachusetts

Faculty: Chair: **Richard A. Elion, MD**
Associate Professor of Clinical Medicine
George Washing University Medical Center
Washington, D.C.

Speaker: **Brian K. Goodroad, CNP, AACRN**
Nurse Practitioner
Abbott Northwestern Hospital
Infectious Disease and International Travel Clinic
Minneapolis, Minnesota
Community Faculty
Metropolitan State University
St. Paul, Minnesota

Supported by an independent educational grant from Gilead Sciences

Saturday, November 10th - Dinner
Swan Ballroom – 7:00 pm – 9:00 pm

Understanding and Managing Cardiovascular Risk in HIV Patients

This program is designed to address current and relevant issues regarding management strategies for cardiovascular risk in HIV positive patients, due to the side effects associated with ARV therapies and patient's life expectancy. Tools to evaluate risk factors and how they specifically relate to the treatment of HIV-infected patients will be explored, as well as options on to how to manage a patients CV risk while maintaining HAART therapy.

Faculty: **Judith Aberg, MD**
Principal Investigator, AIDS Clinical Trials Unit
Director of HIV, Bellevue Hospital Center
Associate Professor of Medicine
New York University School of Medicine
New York, New York

Rafael E. Campo, MD
Professor of Clinical Medicine
Division of Infectious Diseases
University of Miami
Miller School of Medicine
Miami, Florida

Supported through an educational grant from Abbott Laboratories

Sunday, November 11th - Breakfast
Osprey Ballroom - 7:00 am – 8:30 am

Update on Resistance Testing

HIV resistance is one of the most difficult areas of HIV management to understand. How does resistance develop? What do the genotypic mutations mean? What's the difference between a genotype, a phenotype, and a predictive phenotype testing? Which test is best? Where can I get assistance with interpreting a resistance test?

This program will provide answers to all these questions! The content is designed for nurses with minimal to moderate knowledge about HIV resistance and resistance testing.

Faculty: Don Kurtyka, ARNP, MS, MBA
Director, HIV Services, Tampa General Hospital
Nurse Practitioner, Hillsborough County Health Department
Instructor, University of South Florida College of Medicine
Tampa, Florida

Supported through an educational grant from Virco Lab, Inc.

WALT DISNEY WORLD
SWAN AND DOLPHIN

SWAN BALLROOM
AND MEETING ROOMS

SAVE THE DATE

The Association of Nurses in AIDS Care
21st Annual Conference

HIV NURSING:
RENEWING, CARING, HEALING

November 6–9, 2008

The Westin La Paloma
Tucson, Arizona

Agenda at a Glance—Wednesday, November 7

HANCB Board Meeting
11:00 pm – 5:00 pm
Eagle Boardroom

JANAC Editorial Board
Meeting
11:00 am – 4:00 pm
Lark 1

Our Lives, Our Health and Our Community:
The Impact of HIV/AIDS on Hispanics
Nuestras vidas, nuestra salud, y nuestra comunidad:
El impactode VIH/SIDA en los hispanos
11:00 am – 5:00 pm
Swan Ballroom

Registration
5:00 pm – 7:00 pm

Notes

PRE-CONFERENCE

"Our Lives, Our Health and Our Community: The Impact of HIV/AIDS on Hispanics"
"Nuestras vidas, nuestra salud, y nuestra comunidad: El impacto de VIH/SIDA en los hispanos"

This pre-conference is designed to present the many issues that are unique to this population and that may have an influence on the HIV infection rates in Hispanics. These include socioeconomic issues, immigration issues, denial, substance use, and language barriers. In order to address some of these problems and to develop HIV prevention messages that are targeted to this community, a panel of experts on HIV/AIDS and the Hispanic community are convened at this pre-conference to discuss these issues. Participants at this pre-conference have access to the information presented by this expert panel. The information obtained by attending this pre-conference can be used to develop interventions that will enhance the Nursing care provided to Hispanic clients with HIV/AIDS, and those at risk for HIV acquisition.

OBJECTIVES: The learner will be able to

- Discuss epidemiological trends in HIV/AIDS in the Hispanic population in the United States.
- Describe the influence of Hispanic culture on HIV risk factors such as sexual behaviors and substanceabuse.
- Identify issues unique to Hispanics (such as language barriers, immigration issues, HIV knowledge, etc.) which may affect HIV risk factors.
- Summarize challenges that Hispanic women experience such as intimate partner violence and risky sexual behaviors that may render them more at risk for HIV infection.
- Analyze culturally-competent strategies that may be used to develop HIV prevention programs and/or to provide care to HIV-infected Hispanics.

Speakers:

10:30 am – 11:00 am
Epidemioloy of HIV/AIDS in Hispanics
Joseph De Santis, PhD, ARNP, ACRN
Assistant Professor, University of Miami

Objectives: The learner will be able to
- Describe the epidemiology of HIV/AIDS as it relates to Hispanic populations.
- Briefly discuss the major reasons for the incidence of HIV/AIDS in Hispanic populations.

11:00 am – 11:45 am
An Overview of Hispanic Culture
Rudy Valenzuela, FSP, MSN, RN, FNP-C

Objectives: The learner will be able to
- Describe 5 health beliefs commonly held by Hispanics as they relate to HIV/AIDS
- Present an overview of the presence of Hispanics in the United States.
- Present the risk factors, adherence factors and use of complementery and alternative medicine used by Hispanics with HIV/AIDS

11:45 am – 12:30 pm
HIV/AIDS in Hispanic Men Who Have Sex With Men
Peter Andrew Guarnero, PhD, MSc, RN
Assistant Professor, University of New Mexico

Objectives: The learner will be able to
- Discuss psychosocial issues placed by Latino men who sex with men.
- Critically analyze the current health issues faced by Latino MSM.

12:30 pm – 1:30 pm Networking Lunch

1:30 pm – 2:15 pm
Hispanic Women and HIV/AIDS
Nilda P. Peragallo, DrPH, RN, FAAN
Dean and Professor, University of Miami

Objectives: The learner will be able to
- Discuss the development of an HIV prevention intervention for Latinas
- Analyze results of RO1 study vis a vis DYVA pilot study.

2:15 pm - 3:30 pm
Substance Abuse, Violence, and Risky Sexual Behavior Among Hispanics
Elias Provencio-Vasquez, PhD, NP, FAAN, FAANP
Associate Professor, University of Miami

Objectives: The learner will be able to
- Describe the epidemiology of substance abuse, violence, and risky sexual behavior among Hispanic populations.
- Describe the epidemiology of substance abuse, violence, and risky sexual behavior among Hispanic populations.

3:30 pm - 3:45 pm Break

3:45 pm - 4:30 pm
Decreasing HIV/AIDS Health Disparities in Hispanic Communities
Carmen J. Portillo, PhD, RN, FAAN
Professor, University of California, San Francisco

Objectives: The learner will be able to
- Describe factors related to HIV/AIDS health disparities.
- Identify strategies to decrease HIV/AIDS health disparities.

4:30 pm - 5:00 pm
Panel Questions and Answer Session

There is a $25.00 registration fee to participate in this event.

Agenda at a Glance—Thursday, November 8

HANCB Board Meeting
8:00 am – 4:00 pm
Eagle Boardroom

Registration
10:30 am – 3:30 pm

National Leadership Council
11:00 am – 1:00 pm
Swan Ballroom 7

Chapter Leaders Meeting
12:30 pm – 3:30 pm
Parrot

Committee Meetings
1:00 pm – 3:30 pm
See Page 22

Opening/Keynote/ Awards Dinner
4:00 pm – 7:30 pm
Swan Ballroom

Gala
8:15 pm – 10:30 pm
Swan Ballroom

Notes

Awards
Location: *Egret*
2:15 pm – 3:30 pm

By-Laws
Location: *Lark2*
2:15 pm – 3:30 pm

Diversity
Location: *Teal*
2:15 pm – 3:30 pm

Global HIV Nursing
Location: *Heron*
1:00 pm – 3:30 pm

HIV+ Nurses
Location: *Teal*
1:00 pm – 2:15 pm

Nominations
Location: *Lark 2*
1:00 pm – 2:15 pm

Palliative Care
Location: *Egret*
1:00 pm – 2:15 pm

Research
Location: *Sandpiper*
2:15 pm – 3:30 pm

Notes

Opening/Keynote

Reflecting on Our Past,
Envisioning Our Future…

Errol Chin-Loy
Cliff Morrison
Lucy Bradley-Springer
Carl Kirton

Awards Dinner

Barbara Kiernan, Awards Chair

GALA

DJ – Michael Fabbiani

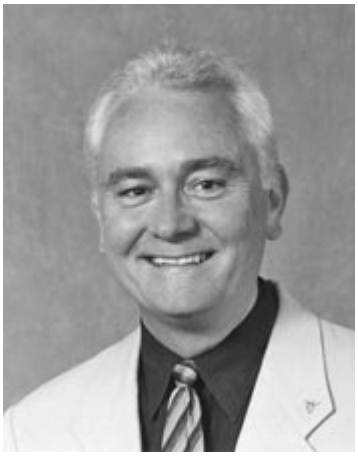
Keith Huber, Conference Chair
and the
2007 Conference Committee

Welcomes you to the

2007 Conference
and our
20th Anniversary Celebration

Reflecting on Our Past, Envisioning Our Future...

Errol Chin-Loy, BS, MSN



Cliff Morrison, RN, MN, FAAN, ACRN

Lucy Bradley-Springer, PhD, RN, FAAN, ACRN

Carl Kirton, MA, RN, APRN, BC, ACRN

Objectives

The learner will be able to:

- Provide an understanding of the historical foundation for HIV/AIDS nursing
- Provide participants with information regarding the evolution of nursing in the epidemic and ANAC's role

Notes

Agenda at a Glance—Friday, November 9

Satellite Breakfast
7:00 am – 8:30 am
Osprey Ballroom

Registration
8:00 am – 3:30 pm

Plenary Speaker
8:45 am – 10:15 pm
Adeline Nyamathi, ANP, PhD, FAAN
Swan Ballroom

Concurrent Sessions
10:30 am – Noon

Exhibits Open
Noon – 5:00 pm
Swan Ballroom

Poster Reception/Lunch in Exhibit Hall
Noon – 1:45 pm
Swan Ballroom

Concurrent Sessions
2:00 pm – 3:30 pm

Annual Business Meeting
3:45 pm – 6:15 pm
Pelican

Satellite Dinner
7:00 pm – 9:00 pm
Swan Ballroom – Educational Session
Osprey Ballroom - Reception

Notes

Use of Community-Based Strategies to Prevent Transmission of HIV in at Risk Populations

Swan Ballroom

This presentation will review the underpinnings of community-based participatory research (CBPR) and the pros and cons of utilization of CBPR I will also review interventions focused on community-based strategies designed to reduce HIV transmission in impoverished and hidden populations often stigmatized and struggling with drug and alcohol addiction in the local, national and international arenas. Personal, environmental and organizational barriers to implementation of intervention programs will be discussed as well as characteristics of community-based organizations and of research teams most likely to be successful in these critical cross-fertilization efforts.

Adeline Nyamathi, ANP, PhD, FAAN
Professor, UCLA, School of Nursing
anyamath@sonnet.ucla.edu

Dr. Nyamathi is Professor and Audrienne H. Moseley Endowed Chair in Community Health Research at the University of California, Los Angeles, School of Nursing. For more than a decade, Dr. Nyamathi has focused her research attention on HIV behavioral and prevention research with homeless, drug-addicted, and impoverished ethnic minority adults and youth, both in Los Angeles and globally. More recently her research team has included a focus on TB compliance and HBV and HCV infection in this vulnerable population. Her contributions to advancing primary care knowledge and practice with this difficult to reach and hidden population has enabled her to receive continuous funding from the National Institute of Health since 1988.

Objectives: The learner will be able to

- Understand community-based approaches to research
- Review effective models for translating HIV prevention interventions into the community
- Discuss innovative new technologies to facilitate successful HIV prevention intervention

25 Years of HIV Politics & Policy: Where are We Now?

Location: *Pelican*

Donna Gallagher, RN, CS, MS, ANP, FAAN

Objectives: The learner will be able to

- Describe the 20 year ANAC history of nurses advocating for and making policy.
- Identify the ways nurses can use politics to make policy and improve care.
- Discuss the role of nurses as HIV leaders in the future.

Methamphetamine, Sexual Behaviors, and HIV Risk: Changes in an Evolving Epidemic

Location: *Mockingbird*

Robert T. Carroll, PhD(c), RN, ACRN

Director, Northwest AIDS Education & Training Center, Seattle, Washington
carrollr@u.washington.edu

Objectives: The learner will be able to

- Describe two (2) intoxicating effects of methamphetamine associated with high-risk sexual activities.
- Identify three (3) potential and actual health risks associated with methamphetamine use.
- Discuss differences in methamphetamine use patterns between urban and rural populations.
- Discuss psycho-social issues surrounding methamphetamine use, with particular emphases on women and minority populations.

Planning a Successful ACRN Review Course: Case Findings

Location: *Parrot*

Hazel Jones Parker, MSN, CRNP, AACRN
Nurse Educator
PA Mid-Atlantic AETC
hparker@medicine.umaryland.edu

Objectives: The learner will be able to

- Conduct a needs assessment to determine nursing need or a review course
- Interpret needs assessment to determine strengths and weaknesses of potential participants
- Understand and describe how the ACRN certification test is weighted
- Develop content for a review course
- Assemble an expert education staff to deliver a review course
- Structure a review course to fit the needs of your participants
- Evaluate your course using PDSA cycle and make changes for next course

Notes

Preparation and Roles of Nurses in Resource Poor Settings

Location: *Macaw*

A-1
Strengthening Preservice Nursing Education in Resource-Poor Settings: Lessons Learned from HIV Faculty Development Training in Namibia
Mary Tembo, BScN, UNED
Sheena Jacob, CRNP, MPH
Jason Farley, CRNP, MPH,
Lischen Haoses-Gorases, PhD

A-2
Nurse Clinical Mentors: Transferring Knowledge on Clinic Management and Infection Control to Resource-Poor Settings Dramatically Increases Number of Patients Accessing HIV Care Across Africa and Asia
Maureen Famiglietti, BSN
Julie Ahlrich, MSN, FNP
Katherine Graves-Abe, MIA
Karina Glaser, MPA
Marie Charles, MD, MIA
Brian Boyle, MD, JD

A-3
Ethical Practices Related to HIV Testing, Confidentiality and Disclosure Among Nursing Students in South Africa and the United States
Michael Relf, PhD,AACRN
Caitlin Devlin, BSN
Katherine Laverriere, BSN
Theresa Salerno, BSN
Penelope Mlaba
R. Kevin Mallinson, PhD,AACRN

Notes

HIV Prevention for Women

Location: *Lark*

A-4
Nurses Advocating and Preparing for New HIV Prevention Options for Women
Clair Kaplan, RN, MSN, APRN, (WHNP), MT, (ASCP)

A-5
Nursing Barriers to HIV Rapid Testing on Labor and Delivery at Targeted California Hospitals
Suzanne Jed, MSN, APRN-BC
Carol Dawson-Rose, PhD, RN

A-6
Don't Let Her Fall Through the Cracks: Coordination of Care for the HIV+ Pregnant Client to Prevent Perinatal Transmission
Madeline Bronaugh, MSN, AACRN
Yolanda Wess, RN, BSN

Notes

HIV Fatigue

Location: *Peacock*

A-7
Sleep and its Relationship to HIV-Related Fatigue
Naima Salahuddin, BSN, MSN

A-8
Pyschosocial Variables Associated with HIV-Related Fatigue
James Harmon, RN, MSN, ANP

A-9
Biomarkers for Fatigue in HIV/AIDS – Measurement Fantasy or Reality
Joachim Voss, RN, PhD

Notes

A-1

STRENGTHENING PRESERVICE NURSING EDUCATION IN RESOURCE-POOR SETTINGS: LESSONS LEARNED FROM HIV FACULTY DEVELOPMENT TRAINING IN NAMBIA

Mary Tembo, BScN, DNEd[1]
Sheena Jacob, CRNP, MPH[2],
Jason Farley, CRNP, MPH[3],
Lischen Haoses-Gorases, PhD[4]
1 I-TECH, University of Washington, Seattle, Washington, United States,
2 Johns Hopkins University, Baltimore, Maryland, United States,
3 I-TECH Namibia, Windhoek, Namibia,
4 University of Namibia, Windhoek, Namibia

Background: Despite countless HIV trainings offered to practicing nurses in resource-poor settings since WHO's 3 by 5 program commenced, HIV training for nursing faculty and students has been limited. This narrowed focus on preservice training worldwide limits the sustainability of HIV educational efforts as faculty who have not undergone HIV training feel less empowered to transfer HIV knowledge and skills to student nurses. In early 2007, the International Training and Education Center for HIV (I-TECH) implemented an HIV skills-building training for University of Namibia (UNAM) School of Nursing faculty as part of an ongoing curriculum redesign project.
Purpose: To describe and compare pre and post test results for a university-based nursing faculty HIV training program and to detail lessons learned.
Methods/Practice: A one-week Training of Trainer (TOT) HIV workshop was offered to nursing faculty at two UNAM campuses (N=30). Prior to the workshop, most faculty had received minimal training in both HIV content and suggested teaching methods for integrating HIV material into the classroom. Workshop content included HIV fundamentals, pathophysiology, pharmacology, principles of adult learning theory and varied teaching methods (e.g. case studies and role play). During the workshop faculty also had an opportunity to practice lecture techniques and to tour an HIV clinic. Pre and post test results were available for 26 (87%) of the participants and compared using a paired sample t-test. The pre-test average was 77.1% versus 88.5% for the post test ($p<.0001$).
Conclusions: Our TOT was well received and demonstrated a significant improvement in mean educational scores. Written evaluations and discussions uncovered the need for further instruction on various HIV topics; therefore, a series of HIV workshops is planned for mid 2007 to assess knowledge retention and advance current understanding.
Implications for Practice: Unless nursing faculty are trained to integrate HIV content into curricula, nursing students will continue to be ill-prepared to care for patients upon entry into the workforce. Global training organizations must collaborate with Ministries of Health and Universities to ensure that more faculty gain continuous access to HIV training that incorporates both HIV information and appropriate teaching methods for this content.
Objectives: The participant will be able to
- Describe factors that support preservice HIV training as a priority training need.
- Identify lessons learned during a preservice curriculum reform project at a School of Nursing in Namibi
- Identify ways in which organizations can provide increased preservice support to schools of nursing globally

A-2

NURSE CLINICAL MENTORS: TRANSFERRING KNOWLEDGE ON CLINIC MANAGEMENT AND INFECTION CONTROL TO RESOURCE-POOR SETTINGS DRAMATICALLY INCREASES NUMBER OF PATIENTS ACCESSING HIV CARE ACROSS AFRICA AND ASIA

Maureen Famiglietti, BSN[1],
Julie Ahlrich, MSN, FNP[2], Katie Graves-Abe, MIA[3],
Karina Glaser, MPA[3],
Marie Charles, MD, MIA[3],
Brian Boyle, MD, JD[4]
1 SUNY Upstate Medical University, Syracuse, NY, United States,
2 Unity Health Care, Inc, Washington, DC, United States,
3 International Center for Equal Healthcare Access (ICEHA), New York, NY, United States,
4 Cornell-Weill Medical College, New York, NY, United States

Background: HIV/AIDS treatment programs are in place in many developing countries. Affordable antiretrovirals are increasingly available and governments are recognizing the importance of providing didactic training on HIV/AIDS to health workers. As HIV treatment programs grow, the scale-up of clinic management operations and infection control procedures remain equally essential to sustain the growing numbers of HIV patients receiving care. Western nurses providing hands-on HIV mentoring to local nurses are an invaluable resource helping create systems of sustainable HIV practice.
Purpose: Nurse clinical mentors rapidly improve clinic systems and infection control procedures to help create access to HIV care for patients in developing countries.
Methods: Through ICEHA's clinical mentoring program, health workers in developing countries gain the practical skills needed to provide care and manage patients on treatment. Nurse clinical mentors provide hands-on coaching to local colleagues on topics including clinic flow, patient intake, patient tracking and chart management, stock management, and infection control.

Assessments of local health providers' skills are conducted at the beginning and end of mentor assignments to determine change over time.

Conclusions: Nurse clinical mentors dramatically improve access to and quality of HIV care in clinics in developing countries with a particularly strong emphasis on improving clinic management and infection control procedures. ICEHA nurse mentors have worked in Cambodia, Ethiopia, Lesotho, Rwanda, South Africa, and Vietnam. As a result of nurse clinical mentoring in these countries, extraordinary improvement has been seen in the ability of local providers to perform effective patient intake, coordinate optimal clinic flow, develop and manage patient tracking systems, manage stock of medications and supplies, and ensure effective infection control. These improvements have had a dramatic impact on patient care and have enabled clinics to manage increasing numbers of patients on treatment with existing healthcare staff.

Implications for practice: Clinical mentoring improves HIV nursing practice in developing countries by giving local nurses the skills needed to care for patients and manage clinics. In addition, skills that nurse clinical mentors bring back home include: greater ability to use resources effectively, better understanding of caring for vulnerable populations, and renewed commitment to caring for HIV patients.

Objectives: The participant will be able to

- Recount the dramatic impact Western nurse clinical mentors have on creating access to HIV care for patients by improving clinic management and operational systems in clinics in resource-poor countries
- Review the role of nurse clinical mentors in improving the ability of local health providers to implement effective infection control procedures and universal precautions in HIV health clinics in developing countries

A-3

ETHICAL PRACTICES RELATED TO HIV TESTING, CONFIDENTIALITY AND DISCLOSURE AMONG NURSING STUDENTS IN SOUTH AFRICA AND THE UNITED STATES

Michael Relf, PhD, AACRN[1],
Caitlin Devlin, BSN[1],
Katherine Laverriere, BSN[1],
Theresa Salerno, BSN[1],
Penelope Mlaba,[2],
R. Kevin Mallinson, PhD, AACRN[1].

1 Georgetown University, Washington, DC, United States,
2 St. Mary's College of Nursing, KwaZulu Natal, South Africa

Background: As the global nursing shortage continues and the number of persons living with HIV/AIDS continues to increase, today's student nurses must be prepared to be tomorrow's HIV/AIDS clinicians and leaders. The District of Columbia has the highest AIDS seroprevalence rate in the US while KwaZulu Natal Province has the highest seroprevalence rate in South Africa. In areas with high seroprevalence rates, nursing students routinely care for persons with HIV/AIDS. Both countries have professional codes of ethics for nurses that support autonomous decision-making by patients and an environment of care that protects confidentiality.

Purpose: The purpose of this study was to determine the beliefs held by nursing students regarding HIV testing and serostatus disclosure without patient permission. Additionally, the study examined beliefs about environment of care mechanisms that may breach patient confidentiality.

Methods: This study used a multi-site, descriptive correlational design with a cross-sectional time dimension. During spring 2007, nursing students from South Africa (n=136) and the US (n=198) voluntarily consented to participate. The survey instrument included 11 demographic questions and 59 questions measuring attitudes, beliefs, and practices towards individuals with HIV/AIDS.

Conclusions: In both countries, approximately 40% of the participants believed it was appropriate to test a patient for HIV/AIDS without the patient's knowledge or permission, while nearly half did not support HIV testing as part of the routine admission process. South African participants were more likely to support disclosure of HIV status to family members with patient's permission while American participants were more likely to support disclosure of HIV status to sexual partners without permission. Results indicated that 0% of the nursing students in the US were fully adherent to ethical standards of nursing practice and 11.5% of the South African participants were fully adherent to nursing standards of ethical practice.

Implications for Practice: Results of this study suggest the need for increased educational training for student nurses regarding the ethical issues related to HIV clinical practice. Particularly, it is important to focus on the integration of the respective nursing codes of ethics and positions statements into clinical practice while a student.

Objectives: The participant will be able to

- Identify four ethical principles related to HIV/AIDS nursing practice and how they are reflected in the respective codes of ethics and other related documents.
- Understand the differences in adherence to ethical principles specific to HIV/AIDS nursing practice.
- Identify limitations of the study and propose educational interventions to improve adherence to the ethical practice of nursing care in the context of HIV/AIDS

A-4

NURSES ADVOCATING AND PREPARING FOR NEW HIV PREVENTION OPTIONS FOR WOMEN

Clair Kaplan, RN, MSN, APRN, (WHNP), MT, (ASCP)
Global Campaign for Microbicides, Washington DC, United States

Background: Economic and power imbalances render millions of women, both domestically and globally, unable to insist upon protected sex. The federally endorsed "ABC" strategy for HIV prevention is effective when used, but does not address the needs of women whose male partners refuse condoms. Microbicides could offer an urgently needed alternative to condoms and contribute to rebalancing the equation by putting risk reduction tools into women's hands directly.

Purpose: We will examine where, why and how nurses can help build the political will to expedite microbicide research. It is possible that the first microbicides could be available in a few countries by 2010—but no major pharmaceutical company is yet funding microbicide trials and the research pipeline is being slowed by the lack of resources. Nurses can help advocate to resolve this dilemma.

Methods/Practice: This session will provide an overview of microbicide research and development and address the political and scientific challenges the field faces. It will also highlight the accomplishments to date of an inter-disciplinary microbicide advocacy movement that is expanding in both the Global North and the Global South. Finally, it will identify concerns inherent in microbicide introduction (such as the risk of condom migration) and challenge participants to consider how effective microbicide education with clients can best be structured to support health promotion efforts.

Conclusions: Nurses can play a vital role in demanding more HIV prevention options for all their clients—whether HIV positive or HIV negative, female or male. Nurses can also help prepare the field for these new technologies. As both highly credible advocates and client educators, their involvement will contribute to making microbicides a reality as quickly and effectively as possible.

Implications for Practice: This presentation will introduce participants to a user-friendly opportunity for developing new skills in political activism and expand their knowledge of the publicly available educational resources on HIV prevention alternatives. Finally, it will help them consider the need to develop HIV prevention messages that include a risk reduction hierarchy, for use when microbicides become publicly available in their own communities.

Objectives: The participant will be able to

- Be familiar with the status and progress of microbicide research
- Accurately envision the role that microbicides may play in primary and secondary HIV prevention and how prevention messages will need to be adapted to accommodate this new technology
- See a role for themselves as nurses in advocating for new prevention tools and identify ways in which they can act on this advocacy opportunity.

A-5

NURSING BARRIERS TO HIV RAPID TESTING ON LABOR AND DELIVERY AT TARGETED CALIFORNIA HOSPITALS

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Background: Both the CDC and ACOG recommend offering rapid HIV testing to women who present to labor and delivery with no documented HIV test result. Currently only 20% of California's 260 birthing facilities are offering rapid testing on labor and delivery. The Pacific AIDS Education and Training Center is assisting California hospitals in the implementation of rapid testing through training, technical assistance, and capacity building activities.

Purpose: Barriers to implementation must be identified in order to provide targeted and appropriate training and technical assistance.

Methods: The California State Office of AIDS, in conjunction with Stanford University, surveyed all 260 California birthing hospitals, inquiring of labor and delivery nurse managers regarding HIV rapid testing practices; 205 (78.8%) facilities responded. Following the survey, PAETC faculty contacted 49 hospitals in 2006 – 07 to assess their readiness and capacity for HIV rapid test implementation.

Conclusions: Major barriers to implementation cited by facilities included: "Rapid HIV test kits unavailable in Labor and Delivery" (65.2%), "Insufficient training on providing HIV test results and treatment" (58.2%), and "Insufficient training on how to offer and explain HIV testing" (57.6%). These survey results are consistent with the PAETC's assessment from initial contact with targeted hospitals. In addition, some nurses expressed a lack of interest in rapid HIV testing, a perception that their facilities do not provide care for HIV-infected women, and concern surrounding the legal aspects of HIV testing and reporting.

Implications for Practice: Similar to nursing education and training at the beginning of the HIV/AIDS epidemic, nurses in labor and delivery continue to have misperceptions related to encountering HIV in their communities. Identified barriers are areas in which training, technical assistance and capacity building can effectively address misconceptions and improve implementation of rapid testing. Training and capacity building must be individualized for each hospital and should encompass a broad range of assistance, including: raising awareness to the benefits and need of rapid testing on labor and delivery, assisting with drafting protocols, assisting with quality assurance projects, patient education materials, and providing focused training on issues related to rapid HIV testing.

Objectives: The participant will be able to

- Identify rationale for providing HIV rapid testing in labor and delivery settings
- List several barriers to implementation of rapid HIV testing in a labor and delivery setting
- Describe methods for assisting nurses and other health care providers reduce barriers to HIV rapid testing and misconceptions related to caring for HIV-infected persons.

A-6

DON'T LET HER FALL THROUGH THE CRACKS: COORDINATION OF CARE FOR THE HIV+ PREGNANT CLIENT TO PREVENT PERINATAL TRANSMISSION

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Background: This Infectious Disease (IDC) is part of a University based teaching complex in existence since 1986. This center interviews approximately twenty newly diagnosed HIV+ or transfer of care patients per month. This center has approximately 1700 registered living clients and 200 new patients at year. Approximately 20 patients are HIV+ and pregnant at any given time.
Purpose: A formalized process of care coordination designed to prevent vertical transmission of the HIV virus from the mother to the infant. This process ensures access to quality care for the HIV+ pregnant clients from community clinics, physician's offices and various other settings.
Methods: Formulation of a multidisciplinary team from the IDC, obstetrics staff of a major hospital based birthing center and the medicine/pediatrics staff of the same hospital and others to devise a process for communication, sharing of information and coordination of services and follow up care. Identification of barriers to smooth movement of the client along the continuum of care is also identified. Development of a process that involves early identification of HIV status, referral for prenatal HIV care and consultation, registration with the antiretroviral pregnancy registry, planning for labor and delivery, oral solution of zidovudine to the infant and follow up appointments for both the mother and infant. Over the course of one year, 20 women were followed by this group, community consults as well, 16 delivered and maintained undetectable viral loads, delivered HIV- infants after 6 weeks protocol and testing. Membership of the committee started at 4 and has grown to regular attendance of 9 with two physicians.
Conclusion/Implications for practice: With systematic collaboration and planning it is possible to prevent clients from getting lost in the health care delivery system and to prevent transmission of HIV from the HIV+ mom to her infant.

Objectives: The participant will be able to
- Describe the method of collaboration and coordination of care to prevent Perinatal HIV transmission
- Identify challenges to instituting a new process in existing systems
- Discuss principles that could be incorporated into their individual work setting

A-7

SLEEP AND ITS RELATIONSHIP TO HIV-RELATED FATIGUE

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Background: There is some evidence that sleep architecture is altered early in the course of HIV infection, but the clinical outcome of these alterations is not known. The relationship between sleep and fatigue is not well understood; some people with HIV-related fatigue report poor sleep quality, while others state that their sleep quality is excellent, yet they remain fatigued.
Purpose: Our primary aim is to describe sleep and its relationship to HIV-related fatigue.
Methods: We report baseline sleep data collected from 128 HIV-positive individuals. The HIV-Related Fatigue Scale was used to measure several aspects of fatigue. We examined sleep using 2 questionnaires: the Pittsburgh Sleep Quality Index (PSQI), which is a measure of the quality of nighttime sleep, and the Epworth Sleepiness Scale (ESS), which is a measure of daytime sleepiness. We calculated bivariate correlations on the scales and subscales of all 3 of these instruments.
Results: The majority of subjects were African American (66%), male (66%), and the median age was 44 years old. The median number of years of education for this sample was 13, and most were unemployed (67%); the median monthly income of the sample was $686. The sample predominantly comprised people who had lived with HIV infection for a long time, with median 10 years since diagnosis (range 0-25 years).
In bivariate analyses, the ESS was correlated with fatigue intensity (standardized beta = 0.42, $P = 0.028$) and overall fatigue-related impairment of functioning (standardized beta = 0.80, $P < 0.001$), which includes activities of daily living, mental functioning and social functioning. The Global Sleep Quality Score on the PSQI was correlated with fatigue intensity (standardized beta = 1.0, $P < 0.001$) and overall fatigue-related impairment of functioning (standardized beta = 1.15, $P < 0.001$). We will also present data on subscales for these instruments.
Implications for practice:: Daytime sleepiness appears to have less of an impact on HIV-related fatigue than does nighttime sleep quality. To sort these relationships out, we will need to examine these data longitudinally. Sleep studies using actigraphy would add to our knowledge as well.

Objectives: The participant will be able to
- Describe sleep and its relationship to HIV-related fatigue.
- Describe other variables associated with sleep and HIV-related fatigue

A-8
PSYCHOSOCIAL VARIABLES ASSOCIATED WITH HIV-RELATED FATIGUE

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Background: Fatigue is one of the most debilitating symptoms suffered by those with HIV infection, yet little is known about its correlates.
Purpose: Our primary aim is to describe the relationship of multiple psychosocial variables and HIV-related fatigue.
Methods: We report baseline psychosocial data collected from 128 HIV-positive individuals. The HIV-Related Fatigue Scale was used to measure several aspects of fatigue. We examined the following psychosocial variables: depression, anxiety (state and trait), perceived stress, social support, post-traumatic stress disorder, and stressful life events. The Beck Depression Scale was examined both with and without somatic HIV-related symptoms. We calculated bivariate correlations and employed multivariable linear regression to evaluate associations controlling for key sociodemographic and clinical variables.
Results: The majority of subjects were African American (66%) and male (66%), and the median age was 44 years old. The median number of years of education for this sample was 13, and most were unemployed (67%); the median monthly income of the sample was $686. The sample was predominantly comprised of people who had lived with HIV infection for a long time, with a median of 10 years since diagnosis (range 0-25 years).
In bivariate analyses, the strongest relationships were between fatigue intensity and depression (standardized beta = 1.19, $P < 0.001$), trait anxiety (standardized beta = 1.14, $P < 0.001$), perceived stress (standardized beta = 1.05, $P < 0.001$), and state anxiety (standardized beta = 0.99, $P < 0.001$). Depression, perceived stress, and state and trait anxiety remained predictive of greater fatigue intensity and impairment of functioning after controlling for demographic (income, years since diagnosis) and clinical (CD4, viral load, antiretroviral therapy) characteristics in multivariable analyses.
Implications for practice: It is possible that fatigue suffered by seropositive people is better predicted by psychosocial variables as opposed to physiological variables. These variables must be better understood in order to develop interventions to successfully ameliorate HIV-related fatigue.
Objectives: The participant will be able to
- To describe the psychosocial variables associated with HIV-related fatigue
- To be able to describe other variables associated with HIV-related fatigue

A-9
BIOMARKERS FOR FATIGUE IN HIV/AIDS – MEASUREMENT FANTASY OR REALITY

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HIV- related fatigue has been identified to require early diagnosis and treatment because of its burdensome nature. Multifactorial in origin, causes for fatigue have been linked to increased resting energy expenditure, anemia, neutropenia, muscle loss and especially to mitochondrial intoxication. Some progress in treating fatigue has been made by showing that resistant and aerobic exercises are capable of decreasing fatigue, yet little is know to explain the underlying biological mechanisms. The major challenge remains to establish the connection between subjective symptom experiences and the objective measurements currently utilized.
The purpose of this paper is to synthesize objective and subjective measures for fatigue and point to major advances and gaps in the recent literature. Current publications (1985-2007) on HIV/AIDS- related fatigue have been summarized according to key terms (HIV/AIDS, fatigue measurement, biomarkers and fatigue).
Subjective fatigue is measured through self-reporting mainly on the severity and intensity dimensions. Scales such as the Piper Fatigue Scale or the HIV-related Fatigue Scale are advancing this view by focusing on multiple dimensions including emotional, cognitive, psychological and physical impacts. First results have been published on the development of symptom diaries to follow patients over extended periods of time, looking at long-term progression or circadian rhythm differences. Objective measures including CD4 T-cell count, viral load, hemoglobin, and salivary cortisol levels did not yield conclusive findings in regards to subjective fatigue perception. Positive correlations were found for fatigue and platelets and alkaline phosphates, while thyroid-stimulating hormone and fatigue was negatively correlated.
We have developed reliable and valid disease-specific fatigue scales, yet have not found good biomarkers that correlate well between subjective symptom experience and underlying biological function. New technologies have to lead the way into a new area of fatigue and symptom research.
Objectives: The participant will be able to
- Discuss advancement in subjective and objective measures of fatigue in HIV/AIDS
- Understand possibilities to identify new techniques for possible biomarker discovery in fatigue
- Discussion of questions from the audience

Secrets of the Internet
Location: *Pelican*

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Bristol-Myers Squibb
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Objectives: The learner will be able to

- Find credible websites
- Realize which websites are relevant
- Find specialized information on the internet
- Identify some of the best Search Engines and how to use them effectively
- Find patient and professional HIV materials
- CE Contact Hours
- Find specialized HIV information
- Find new HIV-related sites that are out there

Supported by Bristol-Myers SquibbCompany

Basic HIV Biology: Implications for Clinical Care, Prevention, and Education
Location: *Mockingbird*

Lucy Bradley-Springer, PhD, RN, ACRN
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Health Sciences Center
lucy.bradley-springer@uchsc.edu

Objectives: The learner will be able to

- Describe the HIV replication cycle
- Draw a graph to represent viral load, HIV anti body, and CD4 cell counts in HIV infection
- Relate basic biology to HIV-specific treatment and prevention issues

Dilemmas in Care: Managing Difficult Patients with Comorbid Psychiatric and Chemical Dependency Issues
Location: *Parrot*

Betty D. Morgan, PhD, APRN-BC
Assistant Professor, UMASS Lowell
Department of Nursing
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Objectives: The learner will be able to

- Identify two necessary factors for collaborative practice
- Describe application of the principles of collaborative practice for nursing providers
- List two barriers to development of collaborative relationships between nurses

Notes

Medication Adherence

Location: *Macaw*

B-1
The Tyranny of Shoulds: How Negative Thinking Affects Relationship & HIV Treatment Adherence
Patti O'Kane, RN, MA

B-2
Adherence in Adolescents with HIV/AIDS in Puerto Rico
Janet Rodriguez, MSN, FNP
William Holzemer, PhD, FAAN

B-3
HIV Adherence Barriers in a Southern Minority Population
Deborah Konkle-Parker, PhD, FNP
Patricia Dubbert, PhD, RN
Judith Erlen, PhD, FAAN

Notes

Challenges in Conducting Research

Location: *Lark*

B-4
Engaging Low Acculturated Latinas Living with HIV/AIDS in Research: Lessons Learned from the MAMAS Study
Liza Rodriguez, BSN, MSN Student
Rosa Fleytas
Jessica Martin
Maithe Enriquez

B-5
Is This Good or Bad Research? A Brief Clinician's Guide
Kim Stieglitz, Dr.

B-6
Characteristics that Affect an HIV Infected Individual's Utilization of Medical Care
Christine Brennan, PhD(c), NP

Notes

HIV Prevention Messages

Location: *Peacock*

B-7
Sexual Abstinence and Sexual Activity Among African American Adolescent Girls
Gwendolyn Childs, PhD, RN

B-8
Evaluation of the Impact of HIV Prevention Messages: Social Marketing for Men Who Have Sex with Men
Pat Patsdaughter, PhD, ACRN
Manuel Rodriguez, AA
Ellen G. Feiler, MS, CHES

B-9
"Secrets": Using Theater to Educate Adolescents about HIV/AIDS Risk Prevention
Kimberly Adams Tufts, ND, FAAN
Lissann Gittner, MSc
Amy Tulenson, MFA
Patricia Underwood, PhD, FAAN
Debra Parmer, BaSW
Authur LaPlace, PhD

Notes

B-1

THE TYRANNY OF SHOULDS: HOW NEGATIVE THINKING AFFECTS RELATIONSHIPS & HIV TREATMENT ADHERENCE

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How we think really does determine how we feel and behave. Psychoanalyst Karen Horney coined the phrase "the tyranny of shoulds" to describe how negative thinking brought about internal distress. She recognized how dogmatic thoughts, beliefs and expectations could lead to emotional turmoil especially depression. Psychologist Albert Ellis took this concept a step further to describe "demandingness", an unrealistic worldview where the individual believes others should behave in a certain manner. Clinging to demandingness frequently leads to frustration, depression or feelings of worthlessness; all barriers to HIV adherence. The purpose of this session is to instruct clinicians on how to recognize negative, unproductive thinking and offer alternative ways of changing it. Using basic concepts of Cognitive Behavioral Therapy (CBT) & Rational Emotive Behavior Therapy (REBT) the presenter will introduce ways to assess for and challenge negative thinking. Clinical vignettes will provide clinicians with real life interventions to correct such distortions as "awfulizing" or "catastrophizing". By teaching clients to revise their negative thinking and replace it with more realistic, positive appraisals of self and others, they may avoid depression and be more fully able to enter a successful treatment alliance.

Objectives: The participant will be able to

- Understand Cognitive Behavioral Concepts of "tyranny of shoulds", "awfulizing and catastrophizing"
- Assess for destructive thinking.
- Identify key concepts in Cognitive Behavioral Therapy that deal with negative thinking. They will recognize how clients negatively appraise themselves and others and how these faulty appraisals interfere with treatment alliance and adherence
- Employ verbal interventions that assist clients in changing their negative thinking
- Challenge negative assumptions and offer alternative ways of viewing stressful events.
- Accrue verbal skills in challenging clients negative thinking and expressions of hopelessness
- Gain confidence in verbal skills and communication

B-2

ADHERENCE IN ADOLESCENTS WITH HIV/AIDS IN PUERTO RICO

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2 University Of California, San Francisco, San Francisco, California, United States

Background: As of March 2007, Puerto Rico had 235 cases of HIV, ages 10 –19, and 218 cases of AIDS, ages 13-19. Adolescence is a vulnerable time and critical stage in growth and development. HIV-positive adolescents are faced with emotional and physical challenges of living with a chronic disease and must follow a complicated treatment regimen. It is well known that 95% adherence is necessary to maintain adequate therapeutic levels, but adherence among adolescents ranges from only 28.9% to 100%.

Purpose: The goals of the study were to describe HIV medication adherence among adolescents, and to identify demographic, knowledge and treatment factors associated with adherence.

Method: Descriptive, correlational methodology. Sample consisted of 38 adolescents with HIV/AIDS, ages 13 to 18 living in Puerto Rico. Data was collected using a survey questionnaire, chart audit, and pill count.

Conclusions: Average medication adherence was 78%; average viral load was 22,741 copies/ml; and average CD4 count was 560 cells/mmΔ. Pill burden explained 18.6% of the participants' difficulties taking HIV medications. Symptom intensity was positively correlated with difficulties taking HIV medications. Participants with undetectable viral loads reported fewer difficulties in taking medications and fewer symptoms. Forty-two percent (42%) of the participants were living in institutional settings where direct observed therapy is used, which accounts for the overall high rate of adherence among these adolescents.

Implications for Practice: As has been seen in larger studies from United States, treatment adherence continues to be a substantial problem in this vulnerable population. These results demonstrate the need to continue working closely with HIV-positive adolescents to ensure medication adherence, with the goals of improving quality of life and reducing health disparities. Further research is needed as the basis for developing culturally competent, innovative and tailored approaches that address the ways in which this population manages adherence.

Objectives: The participant will be able to

- Understand that adherence is still an important issue for this vulnerable population and more efforts are needed.
- Acknowledge the need to improve adherence strategies from a cultural point of view.

B-3

HIV ADHERENCE BARRIERS IN A SOUTHERN MINORITY POPULATION

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2 G.V. (Sonny) Montgomery VA Medical Center, Jackson, MS, United States,
3 University of Pittsburgh, Pittsburgh, MS, United States

Background: Considerable research has described barriers to medication adherence in major urban HIV-infected populations, but less is known about HIV in the rural Southeastern US. Characteristics of the population (rural poverty, historical racism, conservative religiosity, lower education and literacy levels, the HIV-positive community being primarily minority, heterosexual, and stigmatized) may introduce patient-, provider-, regimen-, and environment-related factors unique to this culture that influence adherence.
Purpose: To identify barriers and facilitators to adherence to HIV medications in a clinic population in the Deep South of primarily poor, rural, minority individuals.
Methods: Three focus groups were conducted with a total of 20 HIV-infected individuals from a public infectious diseases clinic, to identify their barriers and facilitators for taking their HIV medicines regularly. Tapes were transcribed, codes were applied using content analysis, and key themes were identified.
Conclusions: Barriers and facilitators identified were similar to those reported in urban areas. Patient-related barriers were the perceived burden of extra planning, denial of HIV or the inability to accept the diagnosis, and life stress, while facilitators were acceptance of the diagnosis, thinking about the consequences of not taking the medicines, and prayer and spirituality. Regimen-related barriers were difficult characteristics of the medicines and facilitators included recent improvements in the medicines. Environment-related barriers centered on social stigma and shame, while facilitators included social support by family, friends, and the health care team. No provider-related barriers were identified by this group of patients who were active in clinical care and taking medications, though distrust of the health care system was expected to be a barrier. More research is needed to better understand barriers to entering and continuing clinical care and starting medications. Intervention studies that address reducing these barriers are needed.
Implications for Practice: Knowledge of the barriers and facilitators to adherence may help clinic staff provide patients with the needed support. The similarities to barriers and facilitators identified in other populations suggest that interventions developed in urban Northern and Western areas may be transferable to the South, with some adjustments. For this Southern population, faith and prayer were especially strong facilitators that need to be included.
Objectives: The participant will be able to
• List at least 2 barriers to HIV medication adherence experienced in the Deep South.
• List at least 2 facilitators to HIV medication adherence experienced in the Deep South.

B-4

ENGAGING LOW ACCULTURATED LATINAS LIVING WITH HIV/AIDS IN RESEARCH: LESSONS LEARNED FROM THE MAMAS STUDY

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2 University of Missouri-Kansas City School of Nursing, Kansas City, MO, United States

Background: Recently, the number of individuals from ethnic minority backgrounds and women living with HIV/AIDS has grown tremendously. However, these individuals have traditionally been poorly represented in HIV/AIDS clinical and behavioral research studies. Hence, there is a need to develop strategies to enhance participation by these diverse individuals in HIV/AIDS research.
Purpose: This presentation's purpose is: (1) to examine barriers to participation in research studies by Latinas living with HIV/AIDS and (2) to present strategies to help overcome these barriers in an effort to enhance recruitment and retention of diverse participants in HIV/AIDS research studies.
Methods: MAMAS (Mujer A Mujer Alcanzamos La Salud) is a qualitative descriptive research study that aims to explore the unique health care needs and concerns of low-acculturated Latinas living with HIV/AIDS in the Midwest. Individual interviews were conducted in Spanish with participants from Missouri, Kansas and Oklahoma.
Conclusions: In the MAMAS study we identified a number of unique challenges while recruiting Latinas living in the Midwest with low acculturation. These challenges reflect the diversity of the population and the need to address the complexity of Latinas' concerns about their health needs.
Implications: Practical information about the strategies used to successfully execute the MAMAS study will be shared. Emphasis will be placed on recruitment of bilingual study personnel, recruitment of participants (including development of materials and strategies), IRB submission and approval, informed consent issues, and translation/back translation techniques used in this study.
Objectives: The participant will be able to
• Discuss common barriers encountered by researchers when recruiting Latinas living with HIV/AIDS for participation in research studies
• Discuss strategies used to overcome barriers and enhance participation and retention in research studies by Latinas living with HIV.

B-5

IS THIS GOOD OR BAD RESEARCH? A BRIEF CLINICIAN'S GUIDE

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Background: There is a vast quantity of published literature across many disciplines about HIV/AIDS. Clinicians are confronted with deciding which research studies have merit, are applicable to practice, and what should be translated into practice. Being able to accurately critique the quality of research findings is a useful skill and may help prioritize journal article readings.
Purpose: This presentation will provide a framework for assessing the quality of research studies, integrating levels of evidence with congruency of theory, philosophy, research design, statistical analysis, and findings.
Methods: A literature review in assessing quality, evidence-based practice, and translational research is the foundation for this presentation. The author has incorporated personal knowledge of HIV care and research skills with the literature to develop a short guide to assist clinicians in making determinations about the believability and utility of research findings. Examples from published articles will be highlighted.
Conclusions: Clinicians in HIV care need to be able to efficiently distinguish quality from poor research in order to provide quality care in a variety of settings. Integrating levels of evidence with research design critiques can provide a higher level of expertise.
Implications: Nursing is a practice discipline, grounded in an arguably multidisciplinary science. Nurses must use science and its research studies to inform practice and ultimately improve quality of care provision. Most nurses possess at least basic skills in research critiques, but reviewing knowledge and using brief guides may expedite improved critiques.
Objectives: The participant will be able to

- Describe four levels of evidence as defined by Melnyk.
- Describe how a reader can assess the quality of a quantitative and qualitative research design.

B-6

CHARACTERISTICS THAT AFFECT AN HIV INFECTED INDIVIDUAL'S UTILIZATION OF MEDICAL CARE

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In 2005, it was estimated that nearly one million individuals in the United States were living, infected with Human Immunodeficiency Virus (HIV). Despite the recognized benefits of HIV medical care to treat individuals infected with HIV and prevent further spread of the virus, over half of those infected in the United States are "out of care" (HRSA/HAB 2002). Significant research has been conducted examining issues that effect an HIV infected individual's diagnosis of infection as well as characteristics of the health care system that effect utilization of HIV medical care. However, minimal research has explored characteristics of the HIV infected individual that effect HIV medical care utilization. A thorough review of the literature has insinuated a potential association between an HIV infected individual's HIV specific attitude, perceived stigma and trust in the health care system and their utilization of HIV medical care but no specific study has examined if this association does exist.
A study was designed and conducted at a large HIV Primary Care Clinic in the southern United States to determine if HIV infected individuals who utilize HIV medical care have(U+) have:

- lower level of perceived stigma regarding their HIV status
- more positive attitude regarding HIV infection
- higher level of trust in the health care system
- higher level of perceived need for care as measured by intensity of symptoms and
- higher actual need for care as measured by lower CD4 count compared to HIV infected individuals that do not utilize HIV medical care services(U-).

The Scale of Utilization of Medical Care-HIV (SUMCH) was developed to measure 4 of these independent variables. The SUMCH is a composition of four other well validated tools: HIV Stigma Scale (HSS) (Berger et al., 2001), ACTU's "HIV Attitude Tool" (HAT), (ACTU, 2004), Health Care System Distrust Scale (HCSDS) (Rose et al, 2004), HIV Symptom Index (HSI), (Justice et al., 2001) in addition to items to determine various demographic characteristics (gender, age, education level, income, race, HIV transmission risk, sexual orientation, residency, time span since diagnosis). The fifth independent variable, CD4 count, was collected the from the subjects medical record.

Utilization of HIV medical care (U+ or U-) was assessed by presence of a "provider note" in the medical recorded within 2 month from enrollment in the study.

Using convenience sampling methods, 137 subjects who were "new" to HIV care (no history of HIV medical care outside in patient or emergency department), or returning to HIV medical (no history of HIV medical care outside in patient or emergency department within the previous 24 months) were enrolled in the study from June 2006 through May 2007. Only subject from one specific clinic were recruited for the study and all were scheduled to return to that same clinic within 8 weeks of their enrollment. The population of the study consisted of 55% males, 88% African Americans, with 75% having reported no previous HIV medical care. Of those enrolled, 27% of the sample did not return to utilize HIV medical care.
Objectives: The participant will be able to

- Identify potential barriers that infected individuals may experience when accessing HIV medical care
- Identify which immutable predisposing characteristics effected infected individuals accessing HIV medical care.
- Identify which mutable predisposing characteristics effected infected individuals accessing HIV medical care
- Identify which need characteristics effected infected individuals accessing HIV medical care

B-7

SEXUAL ABSTINENCE AND SEXUAL ACTIVITY AMONG AFRICAN AMERICAN ADOLESCENT GIRLS

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Background: African American adolescents tend to engage in sexual activity at an earlier age compared to adolescents from other racial and ethnic groups (Grunbaum et al., 2004). The initiation of sexual activity at an early age is a major contributing factor for contracting HIV.
Purpose: The purpose of this study was to (1) identify the types of sexual activities (vaginal, anal, and/or oral sex) in which African American adolescent girls engage and (2) describe the characteristics of African American adolescent girls who are sexually abstinent and those who are sexually active.
Methods: A descriptive correlational design was used in this study. A convenience sample of 94 African American adolescent girls aged 12 to 18 years was drawn from low-income housing communities in a Southeastern metropolitan area. Exclusion criterion included adolescents who were not living with a parent/guardian. Participants completed the following questionnaires: (1) Adolescent AIDS Knowledge Test, (2) Sexual Self-Efficacy Scale, and (3) Perceived Parental Attitude about Premarital Sex Scale. Participants also provided demographic data related to age, family structure, parental communication, and church activities. Data were analyzed using the Statistical Analytical System (SAS) version 9.1.
Conclusions: Findings indicated that sexually active African American adolescent girls engage in more than one type of sexual activity. Statistically significant differences were found in the perception of parental attitudes about premarital sex, knowledge of HIV/AIDS, and sexual self-efficacy among sexually abstinent and sexually active girls. However, there was no difference in the level of parent-child communication, church attendance, or participation in church sponsored youth group activities among sexually abstinent and sexually active girls.
Implications: Findings from this study suggest that health care providers should extend HIV risk reduction counseling to include noncoital sexual activities (i.e., oral and anal sex). Furthermore, identifying the types of sexual activities in which African American adolescents engage provide researchers with a better understanding of how to develop culturally sensitive HIV/AIDS risk reduction interventions that are specific to adolescents' sexual practices. Implications for further research will also be included.
Objectives: The participant will be able to

- Discuss the types of sexual activities in which African American adolescent girls engage.
- Describe the characteristics of African American adolescent girls who are sexually abstinent and those who are sexually active.
- Explain how findings from this study influence nursing practice and research

B-8

EVALUATION OF THE IMPACT OF HIV PREVENTION MESSAGES:SOCIAL MARKETING FOR MEN WHO HAVE SEX WITH MEN

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2 Broward County Health Department, Fort Lauderdale, FL, United States

Background: Considerable resources have been devoted to HIV prevention activities and interventions. However, there has been limited attention to the effects of targeted social marketing of HIV prevention messages. Purpose: This presentation will discuss methods and results of a two-phased project to evaluate the impact of HIV prevention messages and a social marketing campaign for men who have sex with men (MSM) in Broward County, FL.
Methods/Practice: In phase 1, survey data were collected from 113 MSM at a gay pride festival and parade. In phase 2, brief survey data were collected from 105 MSM at an event to launch a new condom distribution campaign (i.e., "Take Me, I am Free!") at a popular gay bar/restaurant that not only attracts South Florida residents but also out of state tourists. This campaign consisted of advance advertising in magazines, flyers, t-shirts, palm cards, and condom demonstration contests hosted by a local female impersonator.

Results: In phase 1, a vast majority of respondents (90.1%) reported that they saw or heard an HIV prevention message (e.g., brochures, posters, television) in the past 6 months, with most reporting that they saw or heard three to four different messages. However, few respondents who saw/heard messages indicated that they remembered the content. In phase 2, the percentages of respondents who rated the multimedia campaign as excellent on the following dimensions were: message (67.6%), appearance (58.1%), memorable (58.1%), humor (54.3%), motivation (52.4%), and appeal (48.6%). Qualitative comments supported these findings.

Conclusions: Phase 1 results demonstrated that "out of sight, out of mind" characterizes many HIV prevention messages. Either messages are not memorable or MSM have been inundated with HIV prevention messages and do not recall content. Phase 2 results show that innovative, multimedia marketing campaigns that involve community partnerships and active participation of community members can have an impact.

Implications for Practice: Messages that target MSM should be catchy, colorful, and concise as well as deliver practical information in a culturally appropriatemanner. Evaluation using brief, portable data collection tools should be built into future HIV prevention campaigns to further document effective components with various audiences and populations.

Objectives: The participant will be able to
- Describe how the first step in designing effective HIV prevention campaigns should be to conduct an assessment of the target population, including value systems and visual aesthetics
- Discuss how community partnerships and active participation of community members as well as interdisciplinary collaboration helps enhance the effectiveness of social marketing of HIV prevention messages.

B-9

"SECRETS": USING THEATER TO EDUCATE ADOLESCENTS ABOUT HIV/AIDS RISK PREVENTION

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Background: Deaths due to HIV/AIDS declined by 70% from 1995-2002; HIV/AIDS is considered a chronic condition due to the advent of highly active antiretroviral therapy and new treatment protocols. However, the incidence of new infections has not decreased, remaining at 40,000 new US cases annually. Adolescents are especially at risk for contracting HIV; estimates of HIV infection range from 112,000 to 250,000 in the US. Currently, US estimates of HIV incidence suggest that at least 50% of the 40,000 new infections each year are among individuals under 25 years, and 25% are among persons 21 or younger.
Purpose: In light of this risk it is imperative that evidenced-based HIV prevention interventions be developed for adolescent populations.
Methods/Practice: We are currently evaluating the impact of "Secrets," a theatrical production using humor, emotional drama, and music to effect adolescent's: 1)knowledge of HIV/AIDS prevention and transmission, 2)social norms related to prevention behaviors, 3)behavioral intentions regarding risky behaviors, and 4) the performance of HIV/prevention behaviors. The impact of the intervention on adolescents who attended five high schools located in a large Midwestern city was evaluated. Schools are a logical setting for the dissemination of knowledge about HIV prevention and strategies targeted at the reduction of risky sexual. Studies have demonstrated that integrating information about HIV prevention into school-based health education programming lead to increased knowledge and decreased high-risk behaviors among adolescents.
Conclusions and Implications for Practice: Notably knowledge, social norms, and behavioral intentions differed among participants at baseline and were associated with the differences in the educational climate of individual schools. Friends/ peer pressure had less effect on behavior in nontraditional schools where a success driven curricula was employed (R2=0.016). Additionally, in nontraditional schools, intention was highly correlated with behavior (R2=0.87) reflecting a focus on planned actions in these adolescents. Policy changes are needed to allow customization of HIV/AIDS prevention educational interventions to make them more relevant to individual school populations.
Objectives: The participant will be able to
- Describe how the first step in designing effective HIV prevention campaigns should be to conduct an assessment of the target population, including value systems and visual aesthetics
- Discuss how community partnerships and active participation of community members as well as interdisciplinary collaboration helps enhance the effectiveness of social marketing of HIV prevention messages

GRADUATE POSTERS

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Assessing Substance Use and Treatment of Pain at an HIV/AIDS Clinic
Alice Asher, RN, MSN, CNS
Paula Lum, MD, MPH

GP4.
Concept Analysis of Capacity Building in African HIV/AIDS Programs
Mugove Manjengwa, BSN, RN

GP5.
Informed Consent? Pretest Counseling? Opt Out Testing? What Does all this Mean for the Patient and the Provider
Adriana Cecchini, RN
Catherine O'Connor, MSN,ACRN
Carol (Pat) Patsdaughter, PhD,ACRN

GP6.
The Assessment of HIV Knowledge and Attitudes Towards Caring for HIV/AIDS Patients Among Senior Nursing Students in Baccalaureate Programs in the United States of America and Thailand
Wunvimul Benjakul, PhD, RN
Martha K. Libbus, DrPH, RN
Linda F. C. Bullock, PhD, RN

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GP-1

ASSESSING SUBSTANCE USE AND TREATMENT OF PAIN AT AN HIV/AIDS CLINIC

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Background: Acute and chronic pain syndromes are commonly reported and historically undertreated among persons living with HIV/AIDS. Opioids can be effective treatments for pain. However, their use in HIV care is often complicated by a history or current use of illicit drugs and substance abuse disorders. Most providers receive little training in substance use disorders and there is a growing problem of prescription opioid misuse in the setting of chronic pain conditions.
Purpose: The purpose of this study is to describe the prevalence of opioid and other substance use disorders and their relationship to the evaluation and management of chronic pain in a large, publicly funded HIV/AIDS clinic in San Francisco.
Methods/Practice: Anonymous, cross-sectional surveys of HIV-positive patients seeking care at the PHP assessed the prevalence of chronic pain and specific substance use disorders. Additionally, focus groups were used to examine the use of prescribed and non-prescribed drugs to treat pain, patient-provider communication about pain and substance use
Conclusions: People living with HIV are significantly impacted by ongoing chronic pain and substance use issues. Preliminary data shows 90% of surveyed patients reporting problems with pain, with 50% of these respondents experiencing pain for 6 months or longer. 75% of patients surveyed report a history of drug use. 20% have used heroin in the past 12 months and 27% have used prescription opioids for reasons other than pain. These figures suggest the increased need for concurrent treatment for pain conditions and substance use. This is an ongoing survey and official results are still pending.
Implications for Practice: The development of guidelines to assess the quality of opioid prescribing at HIV primary care clinics, assist providers in screening for substance use disorders and treating chronic pain among their patients and the creation a referral system for patients to receive effective treatment for opioid dependence is needed to adequately address these problems.
Objectives: The participant will be able to
- Describe the prevalence and characteristics of chronic pain syndromes in an HIV-positive patient population
- Describe the prevalence of prescription opioid and other opioid dependence in the clinic population
- Assess patient-provider communication regarding pain and substance use

GP-4

CONCEPT ANALYSIS OF CAPACITY BUILDING IN AFRICAN HIV/AIDS PROGRAMS

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Background: The onset of the HIV/AIDS epidemic has greatly impacted the already fragile health care systems of African countries. Even though advances have been made in prevention, care, and treatment of HIV/AIDS globally, statistics still illustrate that the highest HIV/AIDS incidence is in Africa. The situation is further compounded by poor infrastructure and lack of resources to provide adequate prevention, treatment and care to HIV/AIDS patients. African countries have also witnessed an increase in the migration of quality health care workers to more developed countries. This "brain drain" has contributed to the major challenges in attempting to combat the disease and associated sequelae. Realizing the difficulties presented, due to limited resources, policy makers and members in the international community are seeking ways to provide sustainable HIV/AIDS programs. One of these ways is through capacity building; which will assist health care providers in resource poor countries such as those in Africa, to manage prevention, care, and treatment of HIV/AIDS.
Purpose: There is limited nursing literature on capacity building therefore a clear understanding of capacity building as a concept from a nursing perspective is needed.
Methods: The method that will be utilized for this concept analysis will come from the article by Morse, J.M. (1995). "Exploring the theoretical basis of nursing advanced techniques of concept analysis." Advanced Nursing Science, 17 (3), 31-46.
Implications for practice: A clearer understanding of the concept of capacity building in nursing will allow for more inquiries into assessing the effectiveness of capacity building programs that are in place in Africa. Capacity building will provide assistance to nurses who work in partnerships with various health care providers locally and internationally on the most effective utilization of resources for the prevention, care and treatment of HIV/AIDS in African countries.
Objectives: The participant will be able to
- Provide an understanding of the concept of capacity building within the nursing context by utilizing the above described method and thereby build to the body of nursing knowledge
- Provide a means of seeking opportunities for more collaboration within the nursing community locally and internationally to assess capacity building programs for HIV/AIDS in Africa from a nursing perspective

GP-5

INFORMED CONSENT? PRETEST COUNSELING? OPT OUT TESTING? WHAT DOES ALL THIS MEAN FOR THE PATIENT AND THE PROVIDER?

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Background: One quarter of HIV positive patients are unaware of their status and are therefore unable to take advantage of treatments available to maintain optimal health and prevent the spread of the virus. In an attempt to increase patient awareness of their HIV positive status, the Centers for Disease Control and Prevention (CDC) is now recommending routine HIV testing in all health-care settings as well as elimination of written informed consent and pre-test counseling for HIV testing.
Purpose: The purpose of this analysis is to determine whether or not the current literature supports the CDC (2006) recommendations for HIV testing.
Methods: Quantitative research articles published in primary sources were used to determine if the CDC was justified in making the new recommendations.
Conclusions: The current literature does support the new CDC recommendations for HIV testing.
Implications: Routine HIV testing should be performed in all health-care settings, but streamlined counseling should be performed and written informed consent should be obtained to provide the highest quality of care to patients.
Objectives: The participant will be able to
- Describe the September 22, 2006 CDC recommended changes for HIV testing
- Describe the advantages and disadvantages of changing to opt out testing and implications for practice

GP-6

THE ASSESSMENT OF HIV KNOWLEDGE AND ATTITUDES TOWARDS CARING FOR HIV/AIDS PATIENTS AMONG SENIOR NURSING STUDENTS IN BACCALAUREATE PROGRAMS IN THE UNITED STATES OF AMERICA AND THAILAND

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This study used a descriptive, comparative design to examine, describe, and compare HIV knowledge and attitudes towards caring for HIV/AIDS patients among senior baccalaureate nursing students in the United States of America and Thailand. Either the English or the Thai version of HIV Knowledge Questionnaire (HIV-KQ 45), AIDS Attitude Scale (AAS), and the Caring Survey were administered. Participants of this study come from convenience samples from the schools of nursing at the four universities: 49 U.S. senior nursing students at New York University, 50 U.S. senior nursing students at University of Missouri-Columbia, 50 Thai senior nursing students at Chiang-Mai University, and 55 Thai senior nursing students at Prince of Songkla University. The key findings identified that U.S. students, regardless of HIV/AIDS prevalence area, had significantly greater HIV/AIDS knowledge than Thai students. Only the U.S. students practicing in the high HIV/AIDS prevalence area had significantly better attitude and caring scores compared to Thai students who also practicing in the high HIV/AIDS prevalence area.
Objectives: The participant will be able to
- Know the level of HIV knowledge and attitudes towards caring for HIV/AIDS patients among U.S. and Thai senior baccalaureate nursing students
- Understand factors that may have contributed to the differences of the level of HIV knowledge and attitudes towards caring for HIV/AIDS patients among U.S. and Thai senior baccalaureate nursing students

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P-7

INPUT ON THE RECRUITMENT AND RETENTION STRATEGIES FOR HIV RISK RESEARCH WITH YOUNG AFRICAN-AMERICAN MOTHERS: WHAT RESEARCHERS NEED TO KNOW

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Background: African-American adolescent girls in the U.S. are increasingly becoming infected with HIV. Among them, adolescent mothers are more likely than non-mothers to engage in HIV/STD risk related sexual behaviors. While there is a sizeable amount of qualitative research literature on STD/HIV risk influences among non-parenting African-American adolescent females there are far fewer in which in-depth explorations are conducted on the STD/HIV risk influences on African-American adolescent mothers. Likewise there is a lack of experiential guidance on how to conduct HIV risk-related qualitative research among this subgroup of adolescent girls. The unique social and cultural circumstances of adolescent mothers may necessitate tailored recruitment and retention strategies for HIV prevention research.
Purpose: The purpose of this study was to obtain input on how best to recruit and retain adolescent mothers for a cross-sectional qualitative research study on HIV/STD risk behaviors and influences.
Methods: Two 2-hour focus groups were conducted with young mothers ages 16-21 (n=9). Focus group data was audio-recorded and transcribed verbatim. Data were coded, cross-group comparisons were conducted, and themes were identified. Data validation checks were conducted with content experts.
Conclusions: Six major themes were identified. Recruitment themes included: 1) Recruitment should be conducted via family and peer networks; 2) Adolescent mothers are more responsive to cash incentives than to non-cash incentives; 3) Adolescent mothers will be reticent to attend groups if they did not have the option of bringing their children. Retention themes included: 1) Adolescent mothers prefer to discuss HIV/STD related topics in small groups versus one-on-one interviews; 2) Group sessions should be facilitated by women who are professional and non-judgmental; 3) Group facilitators should use language with which they are most comfortable and not try to "talk like" the group participants.
Implications for Practice: Researchers planning to conduct HIV/STD risk-related research with young African-American mothers need to recognize and respond to the issues reflected through these themes in order to be successful. By considering these issues in the design of research projects, investigators will improve the likelihood of recruiting adequate samples and conducting groups in which adolescent mothers feel comfortable sharing their experiences openly and honestly.
Objectives: The participant will be able to
- Understand the preferences of young African-American mothers regarding their own participation in HIV risk research
- Understand the implications of current research finding on the design of future research with young African-American mothers

P-8

TWO WORLDS TO BLEND: PSYCHIATRIC/MENTAL HEALTH NEEDS IN HIV/AIDS CARE AND HIV/AIDS NEEDS IN PSYCHIATRIC MENTAL HEALTH SERVICES

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Background: In early years of the HIV/AIDS epidemic, attention was primarily devoted to counseling and testing as well as physical needs and palliative care of infected individuals. With the advent of highly active antiretroviral therapy (HAART) in 1997, concerns shifted to prevention in populations with high risk behaviors as well as medication adherence, normalizing/optimizing activities of daily living, and promoting quality of life in HIV+ individuals. However, psychological functioning is a greater determinant of risk behaviors and adherence than knowledge and external tangible support. Nationally and internationally, little is known about the psychiatric comorbidities in the post-HAART era that influence the acquisition and transmission of HIV as well as illness trajectories in persons living with HIV/AIDS. Moreover, psychiatric and mental health problems are intrinsically intertwined with and increase the complexity of HIV/AIDS services and care. Individuals who are affected by or infected with HIV display a variety of mental health issues ranging from mild psychological distress to more destructive behaviors and severe psychiatric diagnoses and symptomatology. Additionally, while HAART has extended life expectancy, treatments have created a new subset of individuals with cognitive and neurological side effects who did not have preexisting psychiatric illness. These individuals not only present to HIV services but also to psychiatric/mental health programs.
Purpose: The purpose of this presentation is to summarize what information on psychiatric/mental health needs and problems have been presented at previous ANAC conferences and published in JANAC as well as what information on HIV/AIDS content has been included in psychiatric nursing forums.
Methods/Practice: As a part of a needs assessment for a study on psychiatric/mental health needs of persons with HIV, a systematic review of conference proceedings and journals was conducted for the years 1997-2006 (i.e., the post-HAART era).
Conclusions: Findings indicated that there is a paucity of information on psychiatric/mental health needs and problems in HIV nursing forums and limited information on HIV/AIDS in psychiatric nursing literature.
Implications for Practice: HIV/AIDS and psychiatric/mental health nurses need to collaborate more in practice and research to adequately address the spec-

trum of psychiatric/mental health issues in populations targeted for HIV prevention and care.

Objectives: The participant will be able to

- To summarize and describe the current state of the art/science on psychiatric mental health problems and needs in HIV/AIDS nursing forums (e.g., conference abstracts, journal articles)
- To discuss the current state of the art/science on HIV/AIDS prevention and care in psychiatric mental health nursing forums (e.g., conference abstracts, journal articles)
- To identify and discuss ways that HIV/AIDS nurses and psychiatric/mental health nurses can collaborate to meet the needs of various populations

P-9

HEALTH & SAFER SEX PRACTICES OF OLDER HETEROSEXUAL MEN USING PRESCRIBED ED DRUG THERAPY (VIAGRA, LEVITRA & CIALIS)

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Background: An estimated 322 million men around the world will be affected by erectile dysfunction (ED) by 2025 (Sommer & Engelmann, 2004). ED management has been revolutionized (Dinsmore, 2004) by the approval of the oral phosphodiesterase-5 (PDE5) inhibitor drugs (Viagra; Levitra; Cialis). However, a potential consequence of effective ED pharmacotherapy is risk of STDs, including HIV, especially in older men (Karlovsky, Lebed & Mydlo, 2004). Literature review suggests that older heterosexual men using ED drugs may be at risk for sexually acquired HIV because they lack factual knowledge of HIV transmission and may not perceive themselves as at risk and susceptible to HIV (Palmer, 2000; Paniaqua, 1999).

Purpose: The purpose of this pilot study is to identify and describe health safer sex practices of Hispanic and non-Hispanic heterosexual men over the age of 50 who are prescribed oral PDE5 inhibitor medications (Viagra, Levitra or Cialis) for treatment of erectile dysfunction (ED) and identify factors related to their safer sex practices.

Methodology: This pilot study is being conducted as a one-time 30-minute telephone
interview. Hispanic and non-Hispanic participants are being recruited from physician and
NP practices. The following data is being collected: Demographics; Older Men's Health Program/Screening Inventory; Brief HIV Knowledge Questionnaire; Safe Sex Behavior Questionnaire; Condom Attitude Scale; and the TLFB Interview of Sexual Behavior & Alcohol and Other Drug (AOD) Use.

Conclusions: Study is in progress.

Implications: Literature review suggests that older heterosexual men prescribed ED drugs may be at risk for HIV/STD infection. An understanding of these factors can be useful when designing a patient education program focused on safer sex practices for older men prescribed ED drugs.

Funded by the National Institute of General Medical Sciences, NIH, Minority Biobehavioral Research Support (MBRS) program

Objectives: The participant will be able to

- Discuss drug therapy for ED (Viagra, Levitra, Cialis)
- Describe HIV risk related to older heterosexual men who are prescribed and using ED drug therapy

P-10

BARRIERS TO TRANSITION OF HIV INFECTED TEENS FROM PEDIATRIC CARE TO ADULT CARE CENTERS

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Background: Advances in treatment have allowed HIV infected individuals to live longer. There are a growing number of teens that were infected with HIV at birth in addition to an increasing number of teens who were infected through adult type behavior in adolescence. Pediatric HIV specialists in the Allergy and Immunology (A&I) department at Texas Children's Hospital (TCH) in Houston, Texas care for 90 HIV infected children and youth of which 30 are perinatally infected teens age 16-24 years. A team, including an HIV health educator, a pharmacist, social workers and case managers, a psychologist, and HIV health care providers, including nurses, nurse practitioners and physicians, are available to address such issues as adherence, disclosure, and transition to adult care.

Objective: to investigate the barriers of transition of perinatally HIV-infected teens to adult care.

Methods/Practice: A team approach is utilized in the Texas Children's Allergy and Immunology Teen Clinic. The team focuses on increasing autonomy and independence by fostering such skills as 1) adherence to medications, 2) scheduling of medical and social service appointments, and 3) providing opportunity to observe and interact with other teens and learn life skills. Teens are encouraged to join established teen focus groups such as teen camp, a weeklong seminar at a local university, and Kids' Council/Caregivers' League.

Results: Three perinatally infected individuals have transitioned to adult care. Others are in the process of transitioning but are hesitant to leave their current care. One common barrier to transitioning to adult care is discomfort with discussing past history and current medical condition with a new provider. This barrier has been overcome by having a team member accompany the young adult to their first visit with their new provider.

Conclusions: Transition of care for perinatally HIV infected teens is a challenge. A team approach is needed

to have successful transitioning of care. More study is needed into this problem. The TCH AI HIV team plans for a survey of teens in their care to address attitudes towards health, to further define barriers that prevent transmission transition, and to devise solutions to overcoming these barriers. The three successfully transitioned young adults will be invited to participate to give their perspective.

Objectives: The participant will be able to

- Recognize that transitioning is a challenge for Pediatric Health Care providers
- Recognize that there are barriers to transitioning teens and young adults

P-11

PERCEIVED REGIMEN COMPLEXITY, SELF-EFFICACY AND ADHERENCE TO ANTIRETROVIRAL MEDICATION IN INDIVIDUALS WITH HIV

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Background: Simplifying medication regimen has been found to improve treatment adherence; consequently, patients have better control over their chronic illness, e.g. diabetes. However, whether this concept is applicable to patients with HIV, e.g. combination therapy with a fixed dose, is not fully understood.

Purpose: 1) to examine the relationships between regimen complexity and self-reported medication adherence, and 2) to examine potential mediation from self-efficacy between regimen complexity and self-reported medication adherence in individuals with HIV undergoing antiretroviral therapy

Methods/Practice: Data for this preliminary analysis were from a study (R01NR004749). Of 209 participants, 68.3% were males, 55.3% white, 33.7 % employed, and 40.9% had annual household income under $10,000. Their mean age was 40.73 and average years of education were 13.33. Nearly all participants (94.7%) had healthcare insurance. In 82.7 % of participants, medication costs were covered by their insurance. On average, participants took 2.61 (range = 1-6) different HIV medications. Perceived complexity of medication regimen was measured with a visual analogue scale (range = 0-100); medication adherence was measured with the Modified Morisky Self-reported Medication Taking Scale (range = 1-13), and self-efficacy was measured with the Self-Efficacy Scale (range 26-260). The mean self-reported regimen complexity score was 26.99 (SD=28.23, median=15.0). The mean score of self-reported medication adherence was 9.80 (SD=2.37). The mean score of self efficacy was 211.74 (SD=37.97, median= 217.00). Self-reported medication adherence demonstrated statistically significant correlations with perceived regimen complexity (Spearman's ?=-.19, p=.006) and self-efficacy (?=.50, p<.001). However, effect sizes of correlations were low, with no linear relationship. Therefore potential mediation by self-efficacy cannot be examined.

Conclusion: The finding of low associations between regimen complexity and self-reported medication adherence differs from that of other studies. Due to the low effect size, it is difficult to draw a conclusion regarding factors influencing adherence outcomes. Lack of an objective measure for medication adherence is considered to be one of the limitations. Further research needs to include objective measures of regimen complexity and medication adherence.

Implications for Practice: Regimen complexity is often determined by individual perception. It is important to assess individual perception of regimen complexity as well as adherence barriers.

Objectives: The participant will be able to

- Describe the relationships among regimen complexity, self-efficacy, and self-reported medication adherence in individuals with HIV undergoing antiretroviral therapy
- Based upon the results, identify strategies to improve medication adherence in target population

P-12

LONG-TERM 1OO% ADHERERS ON ANTIRETROVIRAL THERAPY: A COMPARATIVE CASE STUDY

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Background: Despite short-term success of interventions designed to improve medication adherence, long-term adherence remains a serious problem. In-depth, longitudinal case studies of people with demonstrated 100% adherence may make an important contribution to gaining insight to improve long-term adherence.

Purpose: This descriptive comparative case study, guided by Bandura's Social Cognitive Theory, will examine the medication-taking habits, behaviors and attitudes of participants identified as long-term 100% adherers to antiretroviral therapy from two randomized clinical trials testing a telephone intervention to improve adherence (R01 NR04749 and 2R01 NR04749).

Method: Two people were 100% adherers at baseline in both studies. Adherence was determined using a 30 day period of electronic event monitoring between screening and baseline data collection in each study. The sample includes two men, one African-American (age 45 at baseline) and one Causasian (age 42 at baseline). Quantitative and qualitative data for both participants was collected between 1999 and 2007 and is currently being analyzed using descriptive statistics and content analysis. Qualitative data include in-depth interviews on the topic of succesful long-term adherence. Quantitative data includes socio-demographic factors, health history, CD4 and viral load, depressive symptoms, social support, stigma, and quality of life. Although both were 100% adherent at

baseline, longitudinal adherence data will also be analyzed to explore adherence patterns over time.

Findings: This is an on-going research project. Preliminary analysis shows health and demographic similarities with regard to educational level, socio-economic status, sexual orientation, long-term medication taking, CD4 counts, complexity of regimen, and drug use/abuse history. Differences include viral load levels, time since diagnosis, time since intiation of medication treatment, mental health history, race, religious background, previous marital status and children. Data are currently being analyzed for this comparative case study. Final quantitative and qualitative results from the study will be presented.

Conclusions: Differences in patient characteristics alone quite possibly do not predict who will be successful in adhereing to a treatment regimen.

Implications for Practice: Potentially, information from these case studies will help to guide clinicians as they assist patients to sustain adherence over time.

Objectives: The participant will be able to
- Name two factors related to HIV medication adherence
- Identify the successes and challenges in short-term vs. long-term medication adherence

P-13

NURSING STUDENTS' KNOWLEDGE AND ATTITUDES ABOUT HIV/AIDS: US AND MALAWI

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Background: Few of the many studies re: health care workers have included African respondents. The pandemic is in sub-Saharan Africa. African nursing students are on the front line. Malawians, in particular, were thrilled to be asked to participate in this research. This is new and significant data and flows from the research completed earlier on both health care workers and nursing students.

Purpose: To examine the knowledge and attitudes of nursing students in the US and in Malawi.

Methods: This study used a descriptive, exploratory design. It encompassed both qualitative and quantitative methods. A convenience sample of 245 nursing students (53 Malawi; 192 US) was included. All students completed the HIV/AIDS Questionnaire. Attitudes were measured using the AIDS Attitudes Scale. Knowledge was measured using the HIV Knowledge Questionnaire (HIV-KQ-18). Two focus groups (15 students) were conducted in Malawi.

Results: Most Malawians had cared for HIV/AIDS persons and also had family or friends with HIV/AIDS while 31% of US students had provided care. US students had significantly higher mean knowledge score but did not know (41%) that mosquitoes cannot spread the virus (96% Malawians knew this). Higher knowledge scores were positively correlated with higher empathy scores and lower scores for avoidance. Malawians scored higher for avoidance and also on questions related to homosexuality (homosexuality is "illegal" in Malawi). Focus group data analysis identified themes: transmission, how contracted, and condoms; symptoms of AIDS and tuberculosis; anti-retroviral drugs; sympathy, death and the future.

Conclusions: Future studies should look at use and availability of universal precautions' protective supplies; frequency of recapping/reusing needles; effect of HIV/AIDS on nursing as a career choice in Africa and plans for migration out of Africa.

Implications for Practice: In Africa, nursing students are providing care and education HIV/AIDS. Need to be culturally sensitive and responsive when using research tools, developed in the west, in Africa. More research needs to be done with African nurses and nursing students.

Objectives: The participant will be able to
- Identify areas of knowledge deficits of nursing students
- Develop questions for future research with nursing students in the US and in sub-Saharan Africa

P-14

TRANSITIONAL CARE FOR ADOLESCENTS WITH HIV

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According to the 2001-2004 CDC surveillance data, there continues to be 40,000 new HIV infections in the United States each year and half of these new infections occur in individuals between the ages of 13-24. Also disturbing is the increased incidence in the 15-19 year old and 20-24 year old age groups while the incidence in all other age groups remained stable or declined. Historically, the transition of youth and young adults with special health care needs from a child-centered health care environment to an adult-centered environment has been problematic and often unsuccessful. Certain unique features of HIV disease such as stigma, discrimination and social isolation may add to the difficulties of the transition process. Many young adults with HIV disease will soon be making the transition from child-centered to adult-centered medical care. There is a paucity of empirical data available investigating this transition process. The purpose of this study was to examine the policies, procedures and processes established by each of the Adolescent Trials Network sites in relation to their approach for client transition to adult care. A semi-structured interview was conducted with the person or persons designated as the staff member most knowledgeable about the current transition process. Questions were focused on developmental considerations in both formal and informal processes, needs of minority and special populations, as well as examples of successes and failures. Information was also obtained related to characteristics of the adult care sites considered most

appropriate for referral. The data was transcribed verbatim and the contents analyzed for common themes as well as unique and successful practice ideas. Client assessment, educational and documentation tools were collected. This project, when completed, will summarize the transition processes currently being used by the clinical sites participating in the Adolescent Trials Network with a focus on exemplars and lessons learned. Outcome measure will be also be discussed. Questions for future research will be identified.

Objectives: The participant will be able to

- Describe three criteria used to assess client readiness for transition to adult care.
- Describe two interventions that can promote a successful transition experience to adult care.

P-15

BARRIERS AND FACILITATORS OF ADMINISTERING TELEPHONE INTERVENTIONS TO INDIVIDUALS WITH HIV

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Background: Improved treatment outcomes require that individuals with HIV strictly adhere to their medication regimen. Telephone intervention has been found to provide support to individuals; however, the effect of nurse-delivered telephone interventions to individuals with HIV has not been sufficiently studied.

Purpose: The purpose of this study is to describe the barriers and facilitators encountered in the process of delivering telephone interventions designed to improve medication adherence in individuals with HIV participating in a randomized controlled trial (R01 NR04749).

Methods/Practice: A 12-week, 15-20 minute, audio-recorded, telephone intervention designed to improve medication adherence and address relevant issues was delivered weekly by baccalaureate-prepared nurses. Nurse interventionists received intervention training through role-play, debriefing, and quality assurance review, which was critiqued by an unbiased individual. Training also included content on HIV management, research design, human-subject research, and research integrity using lecture/discussion, readings, self-study modules, and audiovisual aids. Weekly meetings including the project director and interventionists provided support. Barriers and facilitators were listed, identified and coded to enable interventionists to record and evaluate their interventions. A total of 354 participants were recruited in the study and 229 were randomized to receive telephone interventions. All participants had to have access to a telephone. Most commonly identified barriers included difficulties in reaching participants, the participants' lack of motivation, and maintaining intervention integrity. Facilitators most frequently identified included training of interventionists, weekly meetings, multiple interventionists, and participants' motivation. Anonymity was identified as both a barrier and a facilitator. For some participants, confidentiality and convenience of telephone use benefited them in self-expression and problem discussion. In contrast, other participants felt detached from the interventionist due to the lack of face-to-face interaction.

Conclusions: Recognizing barriers and facilitators to intervention delivery, having a well-designed training program, and ongoing support for addressing barriers and facilitators enhances the quality of interventions and benefits intervention fidelity.

Implications for Practice: Strategies to improve medication adherence can be developed and implemented during telephone interventions. Interventions that decrease barriers and increase facilitators need to be developed and tested to maintain intervention fidelity and improve medication adherence among individuals with HIV.

Objectives: The participant will be able to

- Recognize the necessity of training, education, ongoing support, and development of the role of nurse interventionists
- Identify and define barriers and facilitators that can both contribute to and detract from the process of delivering and completing a telephone intervention to individuals with HIV.

P-16

CHARACTERISTICS OF ADHERENCE TO ANTIRETROVIRAL THERAPY AND QUALITY OF LIFE IN KWAZULU-NATAL, SOUTH AFRICA

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Background: Adherence to antiretroviral therapy (ART) is a critical issue for improving the health of those living with HIV/AIDS and limiting the spread of HIV disease around the world. In South Africa, medications are available at some clinics, but access to ART is far below the goals of the World Health Organization's initiative to have 3 million individuals receiving ART by 2005 ("3 by 5"). Demographic and epidemiologic estimates differ on the exact number of South Africans affected by HIV/AIDS, however between 5.3 and 5.7 million (18.8% of population) may be affected (UNAIDS, 2006). In Kwazulu-Natal province, the area of highest prevalence

of HIV/AIDS, 40.2% of women of childbearing age are estimated to be HIV-infected (Dorrington, Bradshaw, Johnson, & Daniel, 2006).
Purpose: Because both access and adherence are critical to treatment efficacy, the purpose of this study was to examine characteristics of medication adherence in a sample of patients diagnosed with HIV/AIDS (n=149).
Methods: The relationships among sociodemographic variables, social support, quality of life, and adherence were explored in this cross-sectional, descriptive study. Self-report data were obtained from a community-based sample of HIV-infected individuals who received care in outpatient clinics in Durban, Kwazulu-Natal. Data were collected from the 149 Zulu and/or English-speaking respondents who agreed to participate in the study. A multiple regression analysis was conducted with the following variables: Morisky Adherence Scale, Symptom Frequency Scale, length of time on medications, days with nothing to eat, comorbid medical problems, social functioning scale, and the MOS scale (0-100).
Conclusions: The linear combination of these variables was significantly related to quality-of-life physical measures: ($p<.001$). Having comorbid medical problems and length of time on ARV medications were particularly strong explanatory variables of physical functioning. Social functioning was also a strong explanatory variable related to physical functioning ($p<.035$).
Implications: To advance adherence to ART, further research is needed to gain understanding of the characteristics that may influence the complex adherence process. Implications for nurses providing HIV care include the need to consider comorbid medical problems and the influence on quality of life related to adherence.
Objectives: The participant will be able to
- Discuss the issues related to adherence to ARV therapy in individuals in KwaZulu-Natal, South Africa
- Gain understanding of the global issues impacting HIV prevention and care related to adherence and quality of life in South Africa
- Gain understanding of the role of nursing in advancing adherence and supporting quality of life in KwaZulu-Natal, South Africa.

P-17

FACTORS PREDICTING DIFFERENCES IN SEXUAL RISK BEHAVIORS OF AFRICAN AMERICAN AND CAUCASIAN WOMEN

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Background: Women now represent one of the fastest growing subgroups of the population infected with HIV. However there is significant disparity among ethnic/racial groups. Although African American (AA) women represent only 13.9% of the U.S. female population, they count for an astounding 60% of all female HIV/AIDS cases, and HIV/AIDS rates for AA women are as much as 24 times the rates for Caucasian (C) women. Recent consideration has been given to the role sexual pressure may play in sexual risk behaviors and the disparity between AA and C women. Sexual pressure is a major component of a woman's sexual relationship with her significant other and may differ between ethnicities, given distinct social backgrounds. These differences are thought to be brought about by the nature of sexual relationships, such as a woman's feelings of her roles in regard to sex with her male partner. These feelings and personal expectations of self can attribute to decisions regarding sexual protection, such as attitudes toward condom use, or more directly, to sexual risk behaviors.
Purpose: The specific aims of the proposed study are to:
- Identify differences in AA and C women's experience of sexual pressure.
- Examine the relationship between sexual pressure and HIV knowledge, attitudes toward condom use, and sexual risk behaviors of AA and C women.
- Explore the potential mediating effect of sexual pressure on the relationship between knowledge of HIV, attitudes toward condom use, and sexual risk behaviors.

Methods/Practice: In this descriptive, cross-sectional study, a convenience sample will be recruited using systematic sampling strategies to achieve a sample of 200 women with equal numbers of AA and C women. Inclusion criteria include: 1) HIV negative serostatus: 2) sexual activity in the previous three months; 3) age 18 and older; and 4) English speaking.
Conclusion/Implications for Practice: Interventions developed to prevent the spread of HIV disease must be sensitive to differences in various population subgroups in order to be effective. The proposed research will help to identify ethnic/cultural differences in sexual pressure that can be used to tailor HIV prevention interventions for both AA and C women. Sexual pressure may pose a deterrent to safe sex practices of women even when HIV knowledge is high and attitudes toward condom use is positive.
Objectives: The participant will be able to
- Define the concept of sexual pressure
- Identify the relationship between sexual pressure and HIV-related sexual risk behaviors

P-18

UTILIZATION OF THE VETERANS ADMINISTRATION MEDICAL CENTER CLINICAL CASE REGISTRY, AS AN OUTCOME INDICATOR, IN AN HIV MEDICATION ADHERENCE PROGRAM

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Background: When suboptimal antiretroviral treatment (ART) outcomes were identified, a nurse managed medication adherence program, entitled Treatment Initiation Clinic (TIC), was developed and implemented at the Baltimore Veterans' Administration (VA) August 2003 by two clinical nurse specialists. They explored the use of a national VA database, the HIV Clinical Case Registry

(CCR), to track patient outcomes.
Purpose: This poster illustrates utilization of the HIV CCR as a tool in evaluating the impact of medication adherence in reducing risk of resistance, promoting improved outcomes, and creating an environment of relevant education and support to patients living with HIV.
Methods: All HIV positive veterans were added to the CCR. A local field was created in the CCR for all "TIC" patients referred by providers, for adherence counseling and management. Veterans were referred in preparation for starting, or switching, antiretroviral therapy (ART), and received ongoing, cumulative medication adherence education, and prudent follow up.
The HIV CCR was utilized to compile monthly information about CD4+ counts and viral loads of all TIC patients. The nurses analyzed the data, identified trends and, in collaboration with respective providers, formulated, or revised, plans of care in an organized, comprehensive approach.
Results: Between July and December 2006, measured viral loads of patients on ART greater than three months revealed 84 % (52/62) of ART naïve and 74% (87/126) of experienced patients achieved viral suppression(viral load < 75 c/mm). Overall, 74% (139/188) of all TIC patients tested during this period were suppressed.
The CCR proved to be a significant mechanism for monitoring the impact of medication adherence education in reducing risk of resistance, promoting improved outcomes, and creating an environment of relevant education and support to patients living with HIV.
Implications: Clinical Case Registry is a powerful tool in assisting clinicians to identify patient responses to treatment in an organized manner. The database provides an invaluable mechanism to identify patients who achieved, or maintained, viral suppression, and those with increasing viral loads. This facilitated timely interventions with patients with HIV/AIDS to impact positive patient outcomes.
Objectives: The participant will be able to
- Define Clinical Case Registry (CCR)
- List three characteristics of the HIV CCR
- Give two examples of how nurses can impact adherence and affect results at the patient level by using the CCR

P-19

AIDS AMONG THE LUO OF KENYA - HOW CULTURAL PRACTICES HINDER THE FIGHT AGAINST HIV/AIDS

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Among the Luo people in Kenya's Western Province of Nyanza, cultural traditions have fueled the spread of HIV/AIDS. In this region HIV prevalence is over 30%. This presentation looks at how cultural factors such as wife inheritance, 'chira', and the 'fishing factor' hinder the fight against HIV/AIDS. What's being done to fight HIV/AIDS in this community is not effective. Results of Luo nurses initiatives to use their skills to help their people are listed. Nurses in the U.S. have built relationships with nurses who work among the Luo tribe to help build their clinical skills. Some of the actions being taken currently and being planned for the future to aggressively address cultural issues will be shared in this presentation.
Objectives: The participant will be able to
- List cultural factors that increase the spread of HIV/AIDS among the Luo tribe of Western Kenya
- State at least three methods being used and planned to be used by nurses who work among the Luo to help prevent the fast spread of HIV/AIDS

P-20

ATTITUDES AND BELIEFS REGARDING HIV/AIDS AMONG CLINICALLY DEPRESSED AFRICAN AMERICAN ADOLESCENT FEMALES

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Background: African American adolescent females are among the fastest growing populations of new HIV infections, and those with mental illnesses are also at risk. Little is known about underlying constructs resulting in HIV risk-related sexual behaviors among depressed African American adolescent females who seek mental health services, or about the links between depression and specific behavioral risks within the target population.
Purpose: This pilot study sought to understand attitudes and beliefs regarding HIV/AIDS among clinically depressed African American adolescent females. The study aims were to: 1) Elucidate the participants' attitudes and beliefs regarding sexual risk behaviors and strategies to prevent HIV infection, and 2) Explore the participants' perceptions of depression, and its effects, if any, on sexual risk taking. A secondary aim of this proposal was to assess the target population's response rate to participating in HIV/STI prevention research.
Methods: In this descriptive qualitative study, open-ended semistructured interviews were conducted with 30 clinically depressed African American adolescent females aged 13 to 19, receiving outpatient mental health treatment in the Philadelphia, PA and Hampton, VA metropolitan areas. Constant comparative analysis of the data focused on identifying major themes and overreaching patterns of the participants' attitudes and beliefs regarding HIV/AIDS rather than their conscious knowledge of the topic. Line-by-line analysis provided a contextualized picture of the alarming HIV incidence rates among this population.
Conclusions: The research findings of this pilot study will be used to inform future qualitative, quantitative, and

mixed-methods studies. Moreover, the findings will have the potential to enhance the development and testing of culturally tailored, developmentally appropriate, theory-based prevention models for African-American adolescent females with depression.
Implications for Practice: Nurses are vital in HIV prevention. Understanding the unique risk factors for youth with psychiatric diagnoses is essential for designing and implementing effective, customized interventions for this vulnerable group.
Objectives: The participant will be able to
- Describe three potential nursing implications driven by the study findings
- Identify at least two areas for future research and discourse regarding the links between depression and sexual risk for HIV among vulnerable populations

P-21

INCORPORATING SPIRITUALITY INTO SELF-CARE PRACTICES IN HIV+ WOMEN WITH HISTORIES OF ABUSE

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Background: Literature exploring the lives of women with HIV/AIDS describes a bleak picture, particularly women with histories of abuse. Effects of HIV/AIDS on all aspects of an individual's life often precipitate a search for meaning and ways to manage the disease.
Purpose: To describe and interpret spirituality as a primary component of holistic health care.
Methods/Practice: Literature suggests that HIV-positive women with histories of abuse are a vulnerable population at risk for poor self-care practices which have adverse effects on their disease trajectory. Helping HIV+ women learn health promoting self-care behaviors is critical to managing the illness and to improved quality of life. A self-care intervention that is explicitly identified in the literature, but remains underdeveloped,
is the importance of women's spiritual beliefs and practices. Spirituality can assist in restoring wholeness of the self after personal suffering such as physical and sexual abuse.
Conclusions: Spirituality is mentioned in self-care studies of HIV+ women so frequently that is must be identified as a central component in holistic self-care practices; however, more information is needed about how spirituality functions as a self-care practice to promote health.
Implications: Nurses must develop interventions that can assist this vulnerable population of women to develop positive self-images and to learn health promoting self-care practices. A holistic approach to self-care education and support must include attention to spirituality as a means for helping women connect care of self with self-care practices for health promotion.
Objectives: The participant will be able to
- Describe current self-care practices of HIV+ women with histories of abuse
- Identify nursing interventions that draw upon spirituality to engage HIV+ women in healthy self-care practices

P-22

LONG-TERM HIGH-DOSE ESTROGEN USE IN MALE-TO-FEMALE TRANSGENDERS: WHAT IS THE RISK?

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Background: HIV/AIDS is a significant risk for the MTF transgendered person due to stigmatization and relatively few opportunities for employment other than commercial sex work. Many MTF transgenders request high-dose estrogen hormone therapy for quality of life and ability to survive financially. There is a reluctance to provide such therapy by many healthcare providers.
Purpose: Healthcare provider reluctance to furnish estrogen prescriptions in this facility providing HIV care for approximately 100 MTF transgenders stimulated a nurse-practitioner initiated evidence-based project to determine health care risks of high-dose long-term estrogen use by males.
Methods: The Iowa model for evidence-based practice was utilized to guide the project. Clinical research from the past thirty years was critically appraised utilizing the Critical Appraisal Skills Programme tools found at the internet site http://www.phru.nhs.uk/casp/critical_appraisal_tools.htm. Studies in which high-dose estrogen use in males was utilized for at least a four month time period were evaluated for this project. Studies were synthesized and results were analyzed for translation to practice.
Conclusions: Although only a paucity of research is available on this topic, and very little is based in the United States, evidence of significant health risks with high-dose long-term estrogen use in males does exist. Some positive changes may also occur from estrogen use in males. Results of the literature synthesis are to be shared with all providers in an educational meeting. Policy and procedure changes are proposed and a pilot study to collect data on outcomes has been suggested.
Implications for practice: Nurses providing HIV care to MTF transgenders receiving long-term estrogen therapy must be aware of all possible risks and benefits in order to educate clients and safely provide pharmaceutical therapy for this population. Current nursing research on this topic of care for this population is needed.
Objectives: The participant will be able to
- List morbidity and mortality risks associated with long-term high-dose estrogen use in MTF transgenders
- Identify safety issues and relevant patient education points for the MTF transgender taking high-dose estrogen therapy

P-23

PERSPECTIVES ON ADHERENCE TO PRESCRIBED TREATMENT: A FOCUS GROUP STUDY OF HIV POSITIVE MEN WHO REPORT OPTIMAL LEVELS OF ADHERENCE

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Medical adherence is essential for vial suppression and reduction in HIV related morbidity and mortality. In the last several years, instead of focusing on individuals who are not adherent, some research has used qualitative research and addressed individuals who perceive themselves as being adherent. This study represents one of these studies.

A descriptive, cross-sectional research design, employing focus group methodology, was used to describe the medication adherence experiences of HIV positive gay men who self reported being adherent to their medication regimen. A high level of medication adherence is necessary for viral suppression and reduction in HIV-related morbidity and mortality.

The sample was comprised of 24 HIV positive gay men who were predominately Caucasian and ranged in age from 32 to 59 years. The majority of the participants had a household income greater than $50,000 and was living with a partner, roommate, or their children. Time since diagnosis with HIV averaged 10.1 years and the mean time between diagnosis and starting drug therapy was 2.25 years. The time on medications ranged from 9 months to 20 years. Twenty two (92%) of the men reported that their current viral load was undetectable.

The two key questions used in the focus groups were "What was it like for you to begin taking HIV medicat--tions?" A conceptualization of medication adherence as an evolving process comprised of three phases: initiation, incorporation, and maintenance, emerged from the data. Several themes were identified within each phase of the adherence process. The initiation phases focused on the themes of "learning the diagnosis" and "initiation of medication". The incorporation phase focused on the physical and emotional adjustments individuals made to incorporate HIV medications into their daily lives and move toward medication adherence. The themes associated with this phase were "struggles", "side effects", "stigma", "motivators" and "being always adherent". The maintenance phased focused on the ongoing behaviors and challenges identified with maintaining adherence behavior. The themes associated with the maintenance phase were "belief in medication", "reminders", "routines", "significant others", "healthcare provider relationship", "acceptance", and "positive attitude". What can be taken from this study is that adherence is a complex and dynamic process rather than a static behavior. The process of becoming and remaining adherent is impacted by a myriad of unique factors.

Objectives: The participant will be able to

- Discuss the importance of HAART adherence for the person living with HIV (PLH) in relation to treatment outcomes and public health
- Describe the three phases, and the themes associated with each, identified for the process of becoming adherent to prescribed treatment in a group of gay men reporting optimal treatment adherence
- Identify a minimum of two (2) implications for clinical practice based on the findings of this study

P-24

HOW TO PLAN AN ACRN REVIEW COURSE AND BE SUCCESSFUL AT ATTEMPTS TO INCREASE NUMBER OF NURSES CERTIFIED IN HIV/AIDS CARE

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When practicing nurses in the fields of HIV inpatient, outpatient, research , and education were asked why they have not chosen to take the AIDS Certified Registered Exam , their answers were varied but the most common answer was "I don't think I can pass". After interviewing nurses with 2-16 years of HIV nursing experience who worked on inpatient units and in outpatient settings it was noted that they all had similar doubts about successfully passing the exam. After further assessment I found that this doubt was not due to lack of knowledge but to fear of test taking and test preparation. To meet this need a course was developed to help organize and enhance the knowledge base of nurses who were interested in taking the ACRN Exam

The purpose of the course is to assist nurses in becoming accredited, so that they may inform employers, the public and members of the health profession that they have demonstrated the level of HIV/AIDS nursing knowledge required for national certification.

HIV /AIDS is a pandemic that continues to proliferate, despite therapeutic intervention, and has changed the course of the disease from an acute to a chronic illness over the past 20 years. HIV/AIDS is a nondiscriminatory and affects people of all ages, races, religions, and sexual orientations. Working with actual clients with HIV/AIDS provides nurses with unique and challenging experiences and opportunities. The nurses' role is to help minimize the risk for acquiring HIV/AIDS or to cope with the actual disease and prevent further transmission. The 2-day study course will review epidemiology and prevention, pathophysiology, clinical manifestations and management, psychosocial issues, specific populations, ethical legal and professional issues, and nursing interventions along with conditions that compound the problem of dealing with HIV/AIDS. There is a definite need for nurses in HIV care and these nurses need to be properly trained to care for issues related to the disease.

Data is currently being collected from the August 07 and March 07 pilot courses.

The course will be repeated on Aug of 07. Data will be reviewed at Conference in October

Objectives: The participant will be able to

- Develop a course to help nurses organize and enhance

their current HIV Knowledge
- Review potential exam content by weight/percentage while addressing specific needs of the participants i.e. medications
- Develop practice test with detailed review of answers in class by HIV experts
- Foster an open atmosphere to instill confidence in each participant
- Make available detailed reference materials for self study by book and on-line
- Establish a greater than 90% pass rate for those who took the exam

P-25

HIV/AIDS IN CANCER PATIENT AT OCEAN ROAD CANCER INSTITUTE

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Background: It is believed that nursing care in cancer patient who are HIV/AIDS positive is a big challenge as far as the two diseases are complicated. Care and treatment nursing for people living with HIV/AIDS was established 2005 at Ocean Road Cancer institute because most of Cancer patients were found seroconvert.
Purpose: Care and treatment nursing was established in order to meet effective care for cancer/HIV/AIDS patients, and to manage the two diseases. Also the progress of Cancer disease is found to be high because of the HIV/AIDS infection.
Methods: PICT was established in order to get those who are HIV/AIDS. PICT refers to provider-initiated counseling and testing. This process remains voluntary and emphasizes consent confidentiality, counseling and information. PICT was offered to all in patients admitted to one male ward and two female wards. Patient was subjected to general health talk on HIV/AIDS, followed by individual counseling and testing
Conclusion: In order to give effective nursing care to cancer patients who are HIV/AIDS, the two diseases should be managed together. so care and treatment is very much needed but emphases should be put on the utilization of PITC Method in order to provide quality and effective care for them.
Implication of the Practice: Care and treatment for cancer /HIV/AIDS is very effective in nursing care and it improve and prolong life for cancer/HIV/AIDS patients.
Objectives: The participant will be able to
- List learner's objectives in behavioral terms
- Discuss the skills in related to management of HIV/AIDS in Cancer Patients

P-26

NURSES' ROLE IN IMPLEMENTING PREVENTION WITH POSITIVE PROGRAMS: MOZAMBIQUE

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Background/Purpose: As anti-retroviral therapy becomes available in Mozambique, more people living with HIV/AIDS (PLWHA) will begin HIV ART. As an outcome of ART scale up there is an expectation that morbidity and mortality will diminish. Along with a positive change in health, we expect that PLWHA will face the challenge of negotiating sex and relationships as PLWHA. As nurses providing HIV care it is important to address this need of PLWHA.
Methods: A participatory approach with health care providers, counselors, peers and staff directed the selection of the type of PwP intervention for two distinct sites in Mozambique. One a community based counseling and testing site and the other a rural health center. The project resulted from a Twinning Center partnership between a US and Mozambican teams. Our approach included focus groups and key informant interviews. This has resulted in programs which are appropriate and preferred within their given setting. E.g. in the health care setting the need to increase risk assessment skills and provide prevention counseling was accomplished by using local cases (that came from participants) for case study to address specific risk context of rural Mozambique.
Conclusions: The participatory approach to program adaptation resulted in staff in both projects exhibiting enthusiasm for this project and has been instrumental in the implementation of program protocols. Nurses are dealing with HIV in all of their practice settings and are in need of education and training on how to address HIV prevention needs with their patients. Contrary to the belief the PwP may be a foreign and US based concept, daily confrontation with 'real life situations' e.g.: PLWHA unable/not empowered to disclose their status to partners/within their family, or lack of knowledge and skill about how to decrease transmission risk behavior lends immediacy to these efforts.
Implications: Important to involve nurses in PwP program design and implementation
Further development of PwP programs to address the needs of a large PLWHA population. PwP programs should span clinics, and community based HIV testing sites. Exchange of experiences and use of US nurses provides real opportunity for capacity building for Mozambican counterparts
Objectives: The participant will be able to
- Identify rationale for providing prevention with ositive activities in an international setting
- Describe context of HIV risk in rural Mozambique settings
- Describe methods for assisting nurses to integrate prevention into their HIV care

P-27

HIV/AIDS RURAL OUTREACH BY NURSE PRACTITIONERS: REFLECTING ON THE PAST TEN YEARS

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Background: In December of 1997, three nurse practitioners from Duke University began providing medical services for people with HIV/AIDS in a rural outreach clinic (the Northern Outreach Clinic, Henderson, NC) primarily funded by a Ryan White Title II grant. A report on the first year of that project was presented at the annual ANAC conference in 1998. The clinic obtained Ryan White Title III funding in 2001, with renewal funding granted in 2004 and 2007. These grant funds have enabled the clinic to grow into a thriving center for HIV care in an underserved rural area that is now providing care to over 200 patients.
Purpose: This purpose of this presentation is to describe some of the challenges encountered by the Northern Outreach Clinic over the past ten years and how they were overcome.
Methods/Practice: Presentation will focus on the following challenges and how they were met: developing core medical services, developing strategies for patient recruitment and retention, establishing a patient support group, enlisting community involvement, providing patient transportation, developing a continuous quality improvement program, developing a counseling and testing program, and obtaining funding.
Conclusions: There are many challenges encountered by nurse practitioners who practice in rural settings in the Southeastern United States. Creative problem-solving skills coupled with ongoing support from funding sources have enabled the Northern Outreach Clinic to grow and thrive over the past ten years.
Implications for Practice: This presentation will provide a model for others to consider when developing HIV/AIDS clinics in rural areas, where there is a growing need for comprehensive care services.
Objectives: The participant will be able to
- Describe some of the challenges involved in establishing a rural HIV clinic
- Describe how nurse practitioners can play an integral role in providing care to people with HIV/AIDS in rural underserved areas

Notes

Agenda at a Glance—Saturday, November 10

Registration
8:00 am – 3:30 pm

Exhibits
8:00 am – 1:00 pm
Swan Ballroom

Plenary Speaker
8:45 am – 10:15 am
Deborah Witt Sherman, PhD, APRN, ANP, PCM, BC, FAAN
Swan Ballroom

Break in the Exhibit Hall
10:15 am – 10:45 am
Swan Ballroom

Concurrent Sessions
10:45 am – 12:15 am

Satellite Lunch
12:30 pm – 2:30 pm
Swan Ballroom
Osprey Ballroom

ANAC BOD Meeting
2:00 pm - 4:00 pm
Eagle Board Room

Concurrent Sessions
2:45 pm – 4:15 pm

Celebration of Life
4:30 pm – 6:00 pm
Pelican

Notes

Providing High Quality Care to Patients with HIV/AIDS: Implementation of the National Quality Forum Palliative Care Guidelines

Swan Ballroom

This presentation will utilize a case study to discuss palliative care issues related to the care of patients with HIV/AIDS. Within the context of the National Consensus Guidelines for Quality Palliative Care, the domains of care will be identified and interventions recommended.

Deborah Witt Sherman, PhD, APRN, ANP, PCM, BC, FAAN
National and International Expert in Palliative Care Nursing
Post-Doctoral Research in HIV/AIDS Nursing
Dasd1@nyu.edu

Dr. Sherman is an associate professor with tenure in the Division of Nursing at New York University where she has coordinated the first nurse practitioner palliative care master's program in the United States. Dr. Sherman's background in critical care nursing, hospice nursing, and her certification as an adult nurse practitioner, as well as her research focus on populations with life threatening and terminal illness, are foundational to her expertise and commitment to palliative care.

Dr. Sherman's dissertation work examined the relationships among spirituality, death anxiety, perceived social support and nurses' willingness to care for AIDS patients. In 1998, Dr. Sherman completed an Aaron Diamond Post-doctoral research fellowship in which she conducted a qualitative study to understand the dynamics of the relationship of health care providers and patients with AIDS, and those factors that promote mutual well-being. She has also been funded by the NYU Center for Nursing Research and the NYU School of Education to examine relapse to unsafe sexual behaviors in HIV -positive heterosexual minority men and women.

Objectives: The learner will be able to

- Discuss the National Consensus Guidelines for Palliative Care
- Describe/discuss issues related to Palliative Care as it relates to HIV/AIDS
- Utilize a case study of a patient/family experiencing HIV/AIDS to illustrate the NCP Guidelines in addressing holistic needs of patients/families

2007: Advances in HIV Medicine
Location: *Pelican*

Rafael Campo, MD
Professor Clinical Medicine
University of Miami, School of Medicine
rcampo@med.miami.edu

Objectives: The learner will receive
- An update on HIV epidemiology and pathogenesis
- An update on antiretroviral therapy
- An update on management of opportunistic infections and co-morbidities

Supported by Abbott Laboratories

HIV Care in Correctional Settings: Challenges and Opportunities
Location: *Mockingbird*

Minda Hubbard, MSN, ANP-C, AAHIVM
Research Nurse Practitioner
Albany Medical Center, Division of HIV Medicine
hubbarm@mail.amc.edu

Objectives: The learner will be able to
- Describe the epidemiology and demographics of people living with HIV/AIDS in correctional facilities
- Explain the public health implications of HIV in corrections
- Define issues related to HIV treatment in the incarcerated population

JANAC 2008: More Opportunities for You!
Location: *Parrot*

Lucy Bradley-Springer, PhD, RN, ACRN
Editor, JANAC
Lucy.bradley-springer@uchsc.edu

Carol A. (Pat) Patsdaughter, PhD, RN, ACRN
Assistant Editor, JANAC
patsdaug@fiu.edu

Objectives: The learner will be able to
- Access JANAC Website to submit articles and provide reviews
- Describe various opportunities for publication in JANAC
- Discuss current editorial philosophy related to clinical care in HIV infection
- Use APA guidelines to provide citations and references when writing for publication

Adherence and Outcomes in International Settings

Location: *Macaw*

C-1
Expanding Access to ART in Rwanda Through Nurse Prescription of Treatment

Leine Stuart, Dr.
Fabienne Shumbusho, Dr.
Jessica Price, Dr.

C-2
Family Dynamics and Adherence Barriers Related to HIV Diagnosis: A Nurse-Delivered Cognitive-Behavioral Intervention to Promote Antiretroviral Adherence in Beijing, China

Wei-Ti Chen, CNM, DNSc
Chengshi Shiu, MSW
Jane Simoni, PhD
Cynthis Pearson, PhD
Hongxin Zhao, MD
Karen Fredriksen-Goldsen, PhD
Helene Starks, PhD
Fujie Zhang, MD

C-3
The Influence of Attitudes, Beliefs, and Knowledge on Health-Seeking Behaviors of Adults Living with HIV/AIDS (ALHA) in the Gambia

Veronica P. S. Njie-Carr, PhD, MSN

Notes

Innovative Models of Prevention and Care

Location: *Lark*

C-5
Incorporating HIV/AIDS Prevention and Support into the Church: A Case Report on Ministry Design, Implementation, and Evaluation

Bridgette Brawner, MSN, APRN
William Brawner, MA

C-6
Impact of a Bilingual/Bicultural Care Team on Patient Outcomes

Maithe Enriquez, PhD, ANP
Rose Farnan, BSN, ACRN

Notes

Management of Symptoms and Associated Distress

Location: *Peacock*

C-7
Symptom Distress, Social Dependency, and Quality of Life in Persons with Advanced HIV Disease and Advanced Cancer
Anne Hughes, RN, MN, PhD

C-8
Innovative Use of ART Therapy to Relieve Symptoms in Persons with HIV Infection
Lisa Williams, RN, MS, APN, AACRN

C-9
ARV Side-Effects and Their Distress in HIV+ Women
Marcia Holstad, DSN, RN, C
Colleen DiIorio, PhD, RN
Frances McCarty, PhD
Bridget Jones, MSN, BSed
Carol Corkran, MPH, CHES
Ilya Teplinsky, MD, MPH
Samaha Norris, BS

Notes

C-1

EXPANDING ACCESS TO ART IN RWANDA THROUGH NURSE PRESCRIPTION OF TREATMENT

Leine Stuart, Dr.[1],
Fabienne Shumbusho, Dr.[2], Jessica Price, Dr.[2]
1 Family Health International, Arlington, VA, United States
2 Family Health International, Kigali, Rwanda

Background: Nurses manage an extensive range of health services in Rwanda. In a country where only 400 physicians are available for 8.2 million residents, nurses assume broad responsibility particularly at the primary health level in rural areas where 83% of the population resides. ART was introduced in Rwanda's public sector in 2003. The lack of requisite capacity to initiate and monitor response to treatment has been identified as a primary challenge to scaling-up treatment in Rwanda.
Purpose: FHI/Rwanda, working with the GOR and with USAID funding, launched a pilot project in 2005 to decentralize ARV prescription to nurses to increase access to ART. For the three-year pilot, the scope of nursing practice was defined as authorization to prescribe ARVs for first-line treatment for ARV-naïve patients and to renew prescriptions made by physicians for referred patients.
Methods: Nurses at the initial project site were selected based on criteria defined by the MOH and FHI/Rwanda. Training of nurses, biweekly supervision by a District-based physician and monthly visits by the FHI clinical advisor were conducted in accordance with a defined protocol. In May 2006 preliminary outcomes for the first six months were reported to the MOH: 50 (91%) out of 55 eligible patients were started on ART from 223 HIV-infected patients. According to the supervising physician's evaluation, all criteria for initiating treatment were met. Based on this intervention, the MOH authorized scaling-up of the pilot to two additional sites. By the end of December 2006, 264 clients were placed on treatment and being monitored by nurses at the three facilities.
Conclusions: Building nurse capacity to initiate treatment enables more patients to access ART more quickly. Patients are followed and supported on treatment at health facilities close to their homes. Physicians benefit through reduced patient caseloads and ability to focus on managing more complex cases.
Implications for Practice: In resource-limited settings, nurse-initiated ART authority further expands the scope of nursing practice. Two issues require research: first, how does the performance of ART prescription affect the workload of nurses, and second, are nurses being recognized for this practice through appropriate measures (e.g., certification, increased salary)?
Objectives: The participant will be able to
- Describe the Government of Rwanda and FHI/Rwanda project to decentralize ARV prescription to nurses
- Discuss the potential impact of ART prescription authority upon the nursing scope of practice and workload in resource-limited settings

C-2

FAMILY DYNAMICS AND ADHERENCE BARRIERS RELATED TO HIV DIAGNOSIS: A NURSE-DELIVERED COGNITIVE-BEHAVIORAL INTERVENTION TO PROMOTE ANTIRETROVIRAL ADHERENCE IN BEIJING, CHINA

Wei-Ti Chen, CNM, DNSc[1], Chengshi Shiu, MSW[1],
Jane Simoni, PhD[1],
Cynthia Pearson, PhD[1], Hongxin Zhao, MD[2],
Karen Fredriksen-Goldsen, PhD[1],
Helene Starks, PhD[1], Fujie Zhang, MD[1]
1 University of Washington, Seattle, WA, United States
2 Ditan Hospital, Beijing, China, 3China CDC, Beijing, China

Family Dynamics and Adherence Barriers related to HIV diagnosis: A Nurse-Delivered Cognitive-Behavioral Intervention to Promote Antiretroviral Adherence in Beijing, China
Background: The success of newly initiated HIV treatment programs in China will depend on patients' high level of adherence to antiretroviral medications. Cognitive-behavioral techniques have been shown to be effective in enhancing antiretroviral adherence in the United States. To date, the empirical research addressing potentially effective adherence intervention in China are scant.
Methods: As part of a project to develop an adherence program in China, we adapted a cognitive-behavioral based intervention designed and successfully tested by Safren et al (2000). We wanted to tailor the intervention to the Chinese context, a collectivistic culture where fully trained mental health providers are not widely available. We based our modification of the intervention in part on findings from a qualitative study of 31 patients and 7 providers at Beijing's Ditan Hospital HIV clinic.
Results: Two themes emerging from the qualitative research were "obligation to live for others" and "showing respect for (physician's) authority", both of which are related to a Chinese "other-oriented" dimension (Young, 1995) of interpersonal relationships. For example, participants emphasized that "living for others" (family) is one of the major reasons they kept taking their HAART medications. They also explained that they felt "sorry" because they "failed to fulfill the obligation of filial piety"; they "brought shame and dishonor to family"; and they "feared infecting other family members." In some of the interviews, physicians were described as choosing to tell the family member of a patient's HIV diagnosis rather than communicating directly with the patient. Based on these findings, we modified the intervention in several ways. For example, we attempted to enhance motivation to adhere by encouraging patients to re-evaluate the meaning of their life within their family context rather than encouraging patients to "live for personal goals". In this presentation, we describe other modifications and the specifics of the intervention itself, which consists of three monthly 1-hour sessions delivered by well-trained nurse interventionists.

Conclusions: Diagnosis of HIV status can create tremendous stress within the Chinese family. Therefore, culturally relevant adherence promotion strategies must address the relational issues between the individual with HIV and their family members.

Objectives: The participant will be able to

- Be aware of the family dynamic after HIV diagnosis disclose to family member
- Know HAART adherence can be influenced by stigma in HIV positive patients in China.

C-3

THE INFLUENCE OF ATTITUDES, BELIEFS, AND KNOWLEDGE ON HEALTH-SEEKING BEHAVIORS OF ADULTS LIVING WITH HIV/AIDS (ALHA) IN THE GAMBIA

Veronica P. S. Njie-Carr, PhD, MSN
The Catholic University of America, Washington, DC, United States

Background: HIV/AIDS continues to grow exponentially in Sub-Saharan Africa. The Gambia continues to see a steady increase in HIV/AIDS rates as more attention is placed on the pandemic and people become more knowledgeable. However, evidence suggests that knowledge is inadequate and that other variables such as beliefs and attitudes have been shown to influence people's engagement in HIV prevention and risk-reduction activities through HSB. Health-seeking behaviors (HSB) are essential for early treatment interventions in the fight against HIV/AIDS.

Purpose: The purpose of this descriptive study was to determine the influence of attitudes, spiritual beliefs, cultural beliefs, social beliefs, and knowledge on health-seeking behaviors among ALHA in the Gambia.

Methods: Using power analysis, a purposive sample of 93 adults with ages from 21 to 65 years was utilized. A non-experimental, correlational design was used to determine relationships and hierarchical regression analysis to test the hypotheses.

Findings: There were 72% female and 28% male adults. No significant differences were found between those diagnosed with HIV and those with AIDS measured by severity of disease (CD4 counts). With a high HAK-ABPQ item score of 4, the highest mean score was 3.82 and lowest 2.26. Mean HSB was 34.38 (SD = 41.36). Bivariate analyses on the predictor variables of attitudes, spiritual, cultural, and social beliefs, and knowledge, demonstrated statistically significant moderate relationships with HSB and with each other at $p < .03$. Additionally, 11% of the variance in HSB was explained by all the variables together. However, attitudes significantly contributed to the variance, $F(1, 90) = 4.865$, $p = .03$.

Conclusion: Attitudes was associated with HSB in Gambian adults. This has significance in directing clinicians in utilizing target variables in designing HIV prevention interventions. People's beliefs and attitudes are associated with illness experiences. Though no significant independent contributions were found on the other variables, these preliminary results serve to stimulate need for further research using experimental designs.

Implications: Clinicians need to address social and cultural issues within the contexts of ALHA. Triangulation studies are needed to address disclosure issues within families to eliminate HIV transmission in light of polygamous marriages and other contextual patriarchal social dynamics.

Objectives: The participant will be able to

- To describe the relationship among attitudes, spiritual beliefs, cultural beliefs, social beliefs, and knowledge on health-seeking behaviors among Gambia adults living with HIV/AIDS
- Discuss practice and research implications related to health-seeking behaviors among Gambian adults living with HIV/AIDS

C-5

INCORPORATING HIV/AIDS PREVENTION AND SUPPORT INTO THE CHURCH: A CASE REPORT ON MINISTRY DESIGN, IMPLEMENTATION, AND EVALUATION

Bridgette Brawner, MSN, APRN, William Brawner, MA
1 University of Pennsylvania, Philadelphia, PA, United States
2 Haven Youth Center, Inc., Philadelphia, PA, United States

Background: From diagnosis through death, African Americans are disproportionately affected by HIV and AIDS. Within African American culture, the church functions as a strong foundation for education and support, yet many religious leaders find difficulty in addressing the HIV/AIDS epidemic in their communities due to moral conflicts.

Purpose: Considering the strength of the church within African American culture and its historical ability to effect change, this work stemmed from a desire to develop a better understanding of the institution's capacity and receptiveness to address HIV/AIDS.

Methods: This case report highlights the HIV prevention and support efforts of the Enon Tabernacle Baptist Church (Enon) in Philadelphia, PA. Members of the congregation, the presenters convened with church leadership at Enon to develop a proposal for the design, implementation, and evaluation of an HIV/AIDS ministry within the institution. This presentation will outline the components of that ministry, the ministry development process, and the evaluation of initial activities. The ministry components include education and outreach/volunteerism, HIV testing and counseling, and psychosocial support groups.

Conclusions: The church has the potential to play an important role in the fight against HIV/AIDS. Though many churches have health-related ministries, it was discovered that the capacity of these groups to effectively handle issues surrounding HIV/AIDS is often limited.

Enon was able to develop a comprehensive, effective HIV/AIDS ministry that is currently being adopted by other churches in the Philadelphia area. By highlighting current successes in the desired setting, models can be created for other churches and faith-based organizations to utilize and adapt for their congregations, as well as the community at large.

Implications for Practice: Prevention is a primary domain of nursing practice, especially in the HIV epidemic. As nurses are premier educators and researchers in the field of HIV prevention and care, it is critical to involve them in the delivery of effective prevention messages for faith-based organizations. This session will present options for nurses to consider in expanding their practice settings.

Objectives: The participant will be able to

- Identify two potential nursing implications for mobilizing the church around HIV and AIDS
- Describe at least three areas for future community involvement and research regarding the effectiveness of faith-based initiatives in addressing HIV/AIDS

C-6

IMPACT OF A BILINGUAL/BICULTURAL CARE TEAM ON PATIENT OUTCOMES

Maithe Enriquez, PhD, ANP[1]
Rose Farnan, BSN, ACRN[2]

1 University of Missouri, Kansas City, Missouri, United States
2 Truman Medical Center, Kansas City, Missouri, United States

Background: Latinos living with HIV/AIDS in the United States experience disparities in HIV health outcomes. An increase in the number of Latino adult patients together with challenges experienced by clinicians providing care to this population prompted the formation of a bilingual/bicultural care team at an infectious diseases clinic located at a public urban teaching institution. In addition, key patient education materials were translated to Spanish.

Purpose: The purpose of this study was to examine the impact of the bilingual/bicultural care team on patient care outcomes. The team consisted of three members: nurse practitioner, case manager and peer educator.

Methods: The electronic medical records of Latino HIV-infected adult patients (n=86) from March 2005 to March 2007 were reviewed. Differences in kept/missed clinic appointments, admissions to the hospital, emergency department (ED) visits, on/off antiretroviral therapy, incidence of opportunistic infections, CD4 cell count, HIV1 RNA by PCR and co-morbidities at two time points (before and after formation of the bilingual care team) were examined.

Conclusions: Most Latino patients in this study were diagnosed and entered care late in their HIV/AIDS disease. All patients were low-income and most were predominantly Spanish speaking immigrants with little or no command of the English language. Engagement in primary care (more kept clinic appointments, less hospitalizations, less ED visits) and adherence to HIV treatment (lower viral load, higher CD4 cell count) was enhanced after the formation of the bilingual care team.

Implications for Practice: HIV care provided to Latino populations by health care providers who are bilingual/bicultural can enhance patient care outcomes. In addition to findings from the retrospective chart review, the presenters will share their Spanish educational materials and discuss challenges and successful strategies used to enhance practice and improve the quality of health care for Latinos living with HIV/AIDS.

Objectives: The participant will be able to

- Discuss the health disparities experienced by low-income, low-acculturated Latinos living with HIV/AIDS in the U.S
- Discuss strategies to decrease health disparities and enhance health outcomes in this patient population

C-7

SYMPTOM DISTRESS, SOCIAL DEPENDENCY AND QUALITY OF LIFE IN PERSONS WITH ADVANCED HIV DISEASE AND ADVANCED CANCER

Anne Hughes, RN, MN, PhD

1 Laguna Honda Hospital and Rehabilitation Center, San Francisco, CA, United States, 2University of California San Francisco, San Francisco, CA, United States

Background: When HIV/AIDS was first recognized, clinicians lacking illness-specific evidence to guide practice, adapted interventions used with other patient populations, such as patients with cancer. This practice was justifiable given the similarity of illness trajectory, presence of distressing symptoms, and concerns about quality of life. However, whether these comparisons remain meaningful today, given the success of antiretrovirals in reducing morbidity and mortality, and the changing paradigm of HIV to a chronic manageable illness, has not been well reported in the literature.

Purpose: The purpose of this pilot study is to compare differences in symptom distress, functional status and quality of life of persons with advanced HIV disease and advanced cancer who are poor and living in an urban area.

Methods: Eligible patients in an urban area in a western city in the US were recruited and compensated for their study participation. The investigator-administered the following instruments: Symptom Distress Scale, Enforced Social Dependency Scale, QUAL-E, and collected demographic information.

Results: Twenty nine patients completed the survey: 14 with HIV/AIDS and 15 with cancer. Nine subjects were living on an AIDS dedicated nursing home unit. The overall sample included: 15 men, 14 women and 2 transgendered persons. Mean age was 52 years. The sample was racially and ethnically diverse; 74% were persons of

color. Sixty eight percent had a history of homelessness; 65% had co-morbidities. There were no statistical differences between the groups in symptom distress (HIV= 34.71 vs. cancer= 34.53) and quality of life. However, persons with HIV/AIDS were significantly (p= 0.47) more functionally impaired than were persons with cancer.

Conclusions: Not surprisingly persons with advanced HIV disease, the majority of whom were living in an AIDS nursing home unit, were more functionally impaired than were persons with advanced cancer living in the community. Symptom distress scores on average were higher than those reported in other studies.

Implications for Practice: As persons are living longer with HIV/AIDS, those with co-morbidities and those who are economically disadvantaged are likely to have increased needs for long term care.

Objectives: The participant will be able to

- Describe symptom distress, social dependency and quality of life in persons with HIV/AIDS compared with persons with cancer
- Identify factors influencing functional impairments in persons with advanced HIV/AIDS

C-8

INNOVATIVE USE OF ART THERAPY TO RELIEVE SYMPTOMS IN PERSONS WITH HIV INFECTION

Lisa Williams, RN, MS, APN, AACRN[1],
Deepa Rao, PhD[2],
Nancy Nainis, MA, ATR-BC[1]
1 Northwestern Memorial Hospital, Chicago, IL, United States
2 Northwestern University, Chicago, IL, United States

Background: Symptom management for persons living with HIV/AIDS is an extremely important component of care management. The importance of pharmacologic interventions for management of symptoms is well recognized, and non-pharmacologic strategies are gaining interest in lay and professional communities. One such non-pharmacologic strategy is art therapy, which has demonstrated promise in reducing pain and psychological symptoms in cancer patients.

Purpose: The aim of this research project was to empirically demonstrate the benefits of art therapy for people living with HIV/AIDS through valid and reliable outcome measures. In this randomized controlled trial of art therapy, the primary objective was to assess change in pain and psychological symptoms for people living with HIV/AIDS.

Methods/Practice: Participants were recruited from a large urban hospital and the hospital-based outpatient HIV clinic. Sixty people with a diagnosis of HIV infection (8% Latino, 55% Black, 18% White; 67% Men) provided socio-demographic information, participated in either an art therapy session or viewed a videotape about art therapy, and completed pre- and post-test measures of psychological and pain symptoms. Two separate ANCOVA models were used to identify if the treatment condition influenced psychological and pain symptoms, after adjusting for pre-test score, age, gender, ethnicity, and education.

Conclusions: The analyses showed that pain symptoms significantly improved for those who participated in the art therapy ($p<0.05$). Psychological symptoms improved for those who participated in the art therapy session, but this finding was not significant.

Implications for Practice: This study demonstrated the potential benefits of one session of art therapy in relation to symptoms in HIV infected individuals. Future studies offering multiple art therapy sessions can lend further evidence to the benefit of art therapy in the tendency toward improvement of pain and psychological symptoms for people living with HIV/AIDS.

Objectives: The participant will be able to

- Appreciate the potential benefits of incorporating non-pharmacological interventions, such as art therapy, into the HIV/AIDS patient's plan of care
- Recognize interdisciplinary research opportunities to evaluate non-pharmacological interventions, such as art therapy, in the inpatient and outpatient settings.

C-9

ARV SIDE-EFFECTS AND THEIR DISTRESS IN HIV+ WOMEN

Funded by NINR R01NR008094

Marcia Holstad, DSN, RN, C, Colleen DiIorio, PhD, RN, Frances McCarty, PhD, Bridget Jones, MSN, BSed, Carol Corkran, MPH, CHES, Ilya Teplinsky, MD, MPH, Samaha Norris, BS
Schools of Nursing and Public Health, Emory University, Atlanta, GA, United States

Background: Managing ARV associated symptoms and side-effects is an important self-management strategy for women taking ART. The frequency and distress of side effects have been associated with poor adherence. Although newer ARV medications (and formulations) have been added to the armamentarium, little has been written about the frequency and distress of ARV related symptoms in the past 5 years.

The **purpose** of this study is to 1) examine the frequency and distress of ARV symptoms and side-effects in HIV+ women; 2) to ascertain which medications are associated with more symptoms and side-effects. Methods: The sample includes 177 (of 207) HIV+ women who completed the first of 4 follow-up assessments in the KHARMA Project, an ongoing RCT to test the efficacy of a motivational group intervention on ART adherence and use of risk reduction behaviors. Participants on ART were recruited from 5 HIV/AIDS care clinics. Items from the ACTG Adherence Questionnaire, Antiretroviral Attitude Scale, and the Antiretroviral Medication Complexity Index were used. Preliminary analyses employed descriptive statistics.

Preliminary findings: 94% are African American and the average age is 43. Twenty-two ARVs were represented. 15 women reported being off ARV at the time. 48% reported keeping track of side-effects most or all of the time, 20% called their provider when they thought they were having side-effects, however 87% reported never missing doses due to side-effects. The10 most frequently reported side-effects (in order) are: diarrhea, nausea, fatigue, "other," itching, insomnia, headache, weight gain, numbness, drowsiness. The 10 most distressful side-effects (in order) are: diarrhea, weight gain, headache, fatigue, numbness, "other," itching, nausea, stomach pain, constipation. Nevirapine, ritonavir, nelfinavir, emtricitabine/tenofovir, and loprinavir/ritonavir had the highest frequency of reported side-effects per user.

Conclusions: The final presentation will include data from all 207 women. The women in this preliminary analysis reported numerous bothersome side-effects, and a small percentage reported missing doses due to side-effects. Diarrhea and weight gain are the most distressful side-effects for women.

Implications: Information about and strategies to manage side-effects are important to include in the initial ARV education. Strategies to manage diarrhea and weight gain are especially important for women on ART.

Objectives: The participant will be able to

- Examine the frequency and distress of ARV symptoms and side-effects in HIV+ women
- Ascertain which medications are associated with more symptoms and side-effects

Notes

Viral Hepatitis in the HIV Population:
Treatment Modalities of Today and Tomorrow
Location: *Pelican*

Elisa Icaza-Webb, MSN, ARNP

Objectives: The participant will be able to
- Discuss current approved therapies for the treatment of co-infected patients with HIV and HCV.
- Provide current guidelines for initiating HCV treatment in the HIV patient
- Discuss pharmacological agents currently under study for the treatment of HCV and how they may fit in the treatment of HIV co-infected patient

Supported by Roche

Transgender People, HIV and Access to Care:
Building on Nursing's Successes
Location: *Mockingbird*

Samuel Lurie
Director, Transgender Training and Advocacy
slurie@gmavt.net

Objectives: The learner will be able to
- Understand basic definitions and range of transgender expressions, including differences in desire for and access to surgical or hormonal intervention
- Distinguish between biological sex, gender identity and sexual orientation and ways in which care for transgender populations specifically differs from care for Gay, Lesbian, and Bisexual communities
- Become familiar with protocols for care for Transgender people and examine methods for collaboration and referral with other providers with expertise in working with transgender people

Supported by Association of Nurses in AIDS Care
New Jersey Chapter

High Risk Sexual Behaviors of Caribbean / Bahamian Women
Location: *Parrot*

Shane Neely-Smith, PhD, RN
Assistant Professor
Barry University, School of Nursing
sneely-smith@mail.barry.edu

Objectives:
- The learner will be able to state global, regional, and local HIV/AIDS statistics related to women
- The learner will be able to identify high risk sexual behavior
- The learner will be able to explain women's biological and behavioral risks for HIV/AIDS
- The learner will be able to discuss variables found to be significant predictors of Bahamian women's ability to negotiate safer sex behaviors
- The learner will be able to discuss strategies that can be used to decrease Caribbean/Bahamian women's high risk sexual behaviors

Health in Illness: Living with HIV

Location: *Macaw*

D-1
Medication Adherence and Health Status of Patients with HIV and Risk for Cardiovascular Disease
Karen Kovach, BSN, RN
Ching-Yu Cheng, PhD, RN
Judith A. Erlen, PhD, RN, FAAN

D-2
Testing a Predictive Model of Health-Related Quality of Life in Persons with HIV and Liver Disease
Wendy Henderson, PhD(c), CRNP
Judith Erlen, PhD, RN
Kevin Kim, PhD
Elizabeth Schlenk, PhD, RN
Judith Matthews, PhD, MPH
Xiaoli Lu, MD, MPH
Angela Martino

D-3
Coping with HIV/AIDS: Perspectives of Mothers
Laura Pittiglio, RN, MSN, PhD
Edythe Hough, RN, MSN, EdD

Notes

Qualitative Perspectives from International Settings

Location: *Lark*

D-4
Nurses' Experiences with AIDS-Related Multiple Losses in KwaZulu-Natal Province, South Africa
R. Kevin Mallinson, PhD, AACRN

D-5
Lived Experiences of Young Batswana Women while Engaging in Health Protective Sexual Communication with their Male Sexual Partners
Mabel Magowe, RN, PhD(c)
Marcia Holstad, DSN, RN, C
Ora Strickland, RN, PhD, F

D-6
Status of HIV Mainstreaming in the Addis Ababa Education System
Nega Assefa Kassa, M.Sc.

Notes

Prevention and Testing

Location: Peacock

D-8
RN-managed STI Screening & Treatment Program: Increasing opportunities for education, service access, and HIV prevention.
Kamila Alexander, RN, MPH

D-9
Stages of Change, Self-Efficacy, Decisional Balance and Condom Usage in Rural African American Stimulant Users
Donna Gullette, DSN, RN
Brenda M. Boothe, PhD
Katharine E. Stewart, PhD, MPH
Patricia B. Wright, MPH
Zachary Feldman, MS

Notes

D-1

MEDICATION ADHERENCE AND HEALTH STATUS OF PATIENTS WITH HIV AND RISK FOR CARDIOVASCULAR DISEASE

Karen Kovach, BSN, RN, Ching-Yu Cheng, PhD, RN, Judith A. Erlen, PhD, RN, FAAN
University of Pittsburgh, Pittsburgh, PA, United States

Background: Recent studies indicate that patients with HIV experience cardiovascular issues arising from the HIV disease process and the antiretroviral medications used to treat the disease. Studies also show that if patients maintain adherence to medications and lifestyle changes, quality and quantity of life are improved/prolonged.
Purpose: The purposes of this study were to describe patients with HIV who are at high risk for cardiovascular diseases and to examine the relationships between self-reported medication adherence and health status.
Methods/Practice: This study was a preliminary analysis of baseline data from a longitudinal intervention study (1R01NR04749). The Modified Morisky Self-reported Medication Taking Scale and MOS-HIV Survey were used. Forty-six (out of 180) participants who had experienced heart attack (N=11), or had heart failure (N=9), coronary artery disease (N=7), heart valve disorder (N=6), or hypertension (N=33) were included in this analysis. Their mean age was 44.07 and 52.1% were white. Most were males (63.0%) and had one CV disease or risk factor (67.4%). Participants did not have high scores on overall health (M=46.74), physical functioning (M=58.33), role functioning (M=35.87), painless (M=53.91), and energy (M=47.83). Scores on health survey and medication adherence did not differ by gender or race. For females, effect sizes of the relationships between medication adherence and mental health (r=.41), energy (r=-.35), and health transition (r=.47) were moderate. Males' medication adherence was related to overall health (r=.38), social functioning (r=.37), cognitive functioning (r=.42), painless (r=.34), and health distress (r=.35). For whites, correlations were moderate between medication adherence and most subscales of the health survey (r ranged .33–.57), however; the relationship occurred only on overall health for non-whites (r=.45). When controlling for gender and race, medication adherence was related to overall health (r=.38), social functioning (r=.32), cognitive functioning (r=.34), and health distress (r=.32).
Conclusions: Patients with HIV and risk for CV diseases did not self-rate as healthy. There are gender and racial differences on the relationships between medication adherence and health.
Implications for Practice: Individualized care plans by gender and race are needed to improve medication adherence and subsequently improve patients' health.
Objectives: The participant will be able to
- Identify gender and racial differences on the relationships between medication adherence and health status
- Design individualized care plans to improve medication adherence and health of patients with HIV by gender and race

D-2

TESTING A PREDICTIVE MODEL OF HEALTH-RELATED QUALITY OF LIFE IN PERSONS WITH HIV AND LIVER DISEASE

Wendy Henderson, PhD(c), CRNP, Judith Erlen, PhD, RN, Kevin Kim, PhD, Elizabeth Schlenk, PhD, RN, Judith Matthews, PhD, MPH, Xiaoli Lu, MD, MPH, Angela Martino
University of Pittsburgh, Pittsburgh, PA, United States

Background: Persons living with HIV are living longer and therefore are more likely to suffer significant morbidity due to potentially treatable liver diseases. Liver diseases alone have been shown to have a significant negative effect on one's health-related quality of life (HRQOL).
Purpose: This study, guided by the Wilson and Cleary model of HRQOL, examined potential predictors of HRQOL between persons with HIV with and without liver disease.
Methods: This secondary analysis used selected baseline data from a parent intervention study (R01NR04749). The model concepts and selected measures included: biological/physiological factors (HIV viral load, CD4 count), symptom status (Beck Depression Inventory II, Medical Outcomes Study HIV Health Survey [MOS-HIV] mental function summary score), functional status (missed appointments, MOS-HIV physical function summary score), general health perception (Perceived burden visual analogue scale, MOS-HIV health transition), and overall HRQOL (Satisfaction with Life Scale). Characteristics of the individual and environment were also explored. Analysis included descriptive statistics, linear regression, and bivariate logistic regression.
Conclusions: The sample included 212 participants, 43.4% (n=92) with HIV and liver disease, 68% male, and 61% Caucasian. The average age was 40.67+7.63 years. In the HIV group, significant predictions were found for symptom status by biological/physiologic factors, p=.004, t(112)=2.96, B=.27; functional status by symptom status, p=.023, t(117)=-2.30, B=-.209; and general health perception by functional status, p=.027, t(117)=2.243, B=.204. In the HIV and liver disease group general health perception was found to be a significant predictor of overall HRQOL, p=.012, t(86)=-2.581, B=-.270. There were no significant differences between groups with regard to age, race, or gender.
Implications for Practice: The finding of no direct paths from usual physiologic indicators, symptom status, functional status, or general health perception in the HIV and liver disease group, as conceptualized by Wilson and Cleary, supports the complexities associated with managing patients with HIV and liver disease. Future research is needed with a larger sample in order to better understand the multifaceted issues that affect HRQOL among individuals with HIV and liver disease.
Objectives: The participant will be able to
- Describe the Wilson and Cleary (1995) model of

Health- related quality of life
- Describe the analytic model using Wilson and Cleary (1995) model of Health-related quality of life
- Describe the findings of the path analysis using the Wilson and Cleary model of HRQOL in persons living with HIV and liver disease
- Discuss the limitations of such an analysis and implications of the findings to practice

D-3

COPING WITH HIV/AIDS: PERSPECTIVES OF MOTHERS

Laura Pittiglio, RN, MSN, PhD,
Edythe Hough, RN, MSN, EdD
1 Oakland University, Rochester, MI, United States
2 Wayne State University, Detroit, MI, United States

Background: For women the stressors associated with living with a chronic disease such as HIV while simultaneously raising their children can exceed their available resources for coping.
Purpose: This qualitative study was designed to explore how 35 low income, HIV-infected African American mothers cope with their HIV diagnosis and their life circumstances, and to determine if these coping strategies fit the schema of active meaning-making and passive tension-reducing strategies found in a longitudinal study by Hough et al.
Methods: This study was a secondary analysis of qualitative, semi-structured interviews that were administered to a subgroup (N=35) of low-income, predominantly African American, HIV-infected mothers who participated in a larger quantitative and qualitative longitudinal study (Hough et al., 2000-2004). Analysis of the qualitative interviews in the current research included comparing and contrasting the data to determine whether the a priori coding schema of active meaning-making and passive tension-reducing derived from the quantitative data "fit" the qualitative data.
Conclusions: Examination of the participants' narratives indicated that they relied on active meaning-making strategies in order to understand their experience. The participants also relied on tension-reducing strategies because they not only provided a sense of emotional respite, but in some cases, led to the development of the necessary attitudes for transitioning to meaning-making. The uses of these coping strategies not only enabled the participants to cope with HIV but also to develop new attitudes towards life, develop more positive behaviors, and begin to live life differently than they had before their diagnosis. The findings also offset the stereotype that minority, low-income women are less capable of coping with stressful life situations than other populations, in that the strategies used for coping in this population were very similar in form and function to coping strategies used by other more advantaged populations.
Implications for Practice: By identifying effective coping strategies among low-income, HIV-infected African American mothers, health care providers can design empirical interventions to assist these women in coping with their life circumstances and their HIV diagnosis.
Objectives: The participant will be able to
- Develop an understanding of the unique stressors experienced by African American, HIV infected mothers
- Develop an understanding of coping behaviors used by African American, low-income, HIV-infected mothers to deal with their illness and their life's circumstances
- Develop an understanding of how findings from the current study can be used to design more contextually specific interventions in order to promote coping in African American, low income, HIV-infected mothers

D-4

NURSES' EXPERIENCES WITH AIDS-RELATED MULTIPLE LOSSES IN KWAZULU-NATAL PROVINCE, SOUTH AFRICA

R. Kevin Mallinson, PhD, AACRN
Georgetown University School of Nursing & Health Studies
Washington, DC, United States

Background: The KwaZulu-Natal Province has the highest HIV seroprevalence rate in South Africa. Nurses who care for persons with HIV/AIDS experience unprecedented numbers of deaths of their patients. In addition, nurses may care for ill members in their family and community, increasing their exposure to AIDS-related morbidity and mortality. Little is known about how their experiences in the epidemic affect their health and wellbeing, their satisfaction in the workplace, or their intention to migrate out of their country. There is scant evidence about a nurse's experience with AIDS-related multiple losses with which to develop effective and culturally appropriate interventions to address the nurses' grief and bereavement needs.
Purpose: The purpose of this study is to describe the experience of nurses with AIDS-related multiple losses in terms of attributed meanings, professional duties and personal obligations, social context, and day-to-day management of personal challenges.
Methods: This descriptive study will employ in-depth, semi-structured qualitative interviews with enrolled or professional nurses (est. sample size: 25-30) to gain a robust description of their experiences with caring for patients with HIV/AIDS in their professional and/or personal lives. The interview guide includes questions about personal beliefs, cultural mores, and taboos. Further questions will explore the nurses' engagement in grief or bereavement customs, rituals, or ceremonies. Probes will be used for elaboration or clarification purposes. Novice and experienced nurses will be recruited. Cross-case analyses will maximize the transferability of the findings while preserving the quality of the unique cases.

Conclusions: This report will discuss the progress-to-date and salient issues arising in the ongoing data analyses. The South African nursing context will be compared and contrasted with the North American nursing context as it relates to the roles, responsibilities, and challenges of nurses providing HIV nursing care.
Implications for Practice: Results of this study will be used to design feasible and culturally appropriate interventions for nurses experiencing AIDS-related multiple losses in their personal and professional lives.
Objectives: The participant will be able to
- Describe the purpose of a study to describe nurses' experiences with AIDS-related multiple losses in South Africa
- List at least 4 symptoms of grief associated with AIDS-related multiple losses as described by South African nurses
- Identify the impact of AIDS-related multiple losses on SA nurses as individuals, family members, and community members
- Apply the study findings to the development of nursing interventions to address the needs of nurses confronting AIDS-related multiple deaths in South Africa

D-5

LIVED EXPERIENCES OF YOUNG BATSWANA WOMEN WHILE ENGAGING IN HEALTH PROTECTIVE SEXUAL COMMUNICATION WITH THEIR MALE SEXUAL PARTNERS

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Emory University School of Nursing, Atlanta/GA/South East, United States

Introduction: The high heterosexual transmission of HIV for young women in Botswana requires recognition of HIV prevention as an interpersonal issue. Women need to assert themselves for sexual protection, but they have problems engaging in such discussions with their male partners. Information is lacking on how women experience health protective sexual communication (HPSC) with their male sexual partners.
Purpose: The purpose of this paper is to share lived experiences of young Batswana women while they talked to their male sexual partners about safer sex. The theory of planned behavior guided the mode of questioning.
Methods: This was a cross-sectional qualitative descriptive study conducted in Gaborone, Botswana among 42 sexually active young women aged 18-35 years, who were able to read and write Setswana. The women were recruited in Gaborone clinics. Women were selected through purposive sampling using maximum variation.
This report is based on analysis of a single item that was part of semi structured qualitative interview and focus group discussion guides during a qualitative pilot for an instrument development dissertation. Participants were asked to remember a time when they talked to their male sexual partners about safer sex. Grounded theory approach was used to explore women's reactions and further exchanges and/or outcomes of the communication. Data were content-analyzed for emerging themes and sub-themes.
Results: Major themes were: conditions for self-assertion; high self-efficacy for HPSC; enabling factors HPSC; ability to address critical issues; fears and concerns; identification of the need for social support.
Conclusions: These women recognize the need for and can assert themselves for sexual protection. Women experience difficulties with their male sexual partners regarding non-responses and poor compliance with safer sex practices. Some women express fear of potential violence although none had such experiences. Some were ignored, verbally abused. Women expressed the need for empowerment through education and skill development, and social support.
Implications for Practice: Nurses can provide women focused education and support for women and couples to encourage HPSC. Further research is needed on factors that can enable women to be effective in gaining partner attentiveness, respect, and compliance.
Background: The high heterosexual transmission of HIV for young women in Botswana requires recognition of HIV prevention as an interpersonal issue. Women need to assert themselves for sexual protection, but they have problems engaging in such discussions with their male partners. Information is lacking on how women experience health protective sexual communication (HPSC) with their male sexual partners.
Objectives: The participant will be able to
- Define and briefly describe Health Protective Sexual Communication (HPSC)
- Describe the background of the study and factors associated HPSC for young women in Gaborone, Botswana
- Analyze and demonstrate understanding of emerging themes as women described their lived experiences of during HPSC with their sexual partners

D-6

STATUS OF HIV MAINSTREAMING IN THE ADDIS ABABA EDUCATION SYSTEM

Nega Assefa Kassa, M.Sc.
Haramaya University, Harara, Ethiopia

HIV/AIDS mainstreaming is the process of analyzing how HIV/ AIDS impacts on sectors now and in the future both internally and externally to determine how each sector should respond based on its comparative advantage. A qualitative study was conducted in Addis Ababa education system from January to February 2006 to examine the status of HIV mainstreaming. The data collection employs in-depth interviews and Focus Group Discussion using a discussion guide; a review of documents, annual plans and reports of the education bureau; and observa-

tion in schools. Data analysis was conducted manually and using open code computer software. The development of a life skill manual and inculcation of HIV/AIDS in to curriculum are some of the efforts to reduce HIV/AIDS in the education system, that place the system below stage one of United Nations Development Program classification of mainstreaming efforts. Hence the investigators suggest that HIV/AIDS Prevention Control Office should provide clear guidance for effective HIV mainstreaming and then develop tracking mechanisms to recognize the progress of mainstreaming.

Objectives: The participant will be able to

- Discuss the status of HIV mainstreaming efforts in Addis Ababa education system
- Analyze the status using the UNDP's staging of HIV mainstreaming

D-8

RN-MANAGED STI SCREENING & TREATMENT PROGRAM: INCREASING OPPORTUNITIES FOR EDUCATION, SERVICE ACCESS, AND HIV PREVENTION.

Kamila Alexander, RN, MPH
Chase Brexton Health Services, Inc., Baltimore, MD, United States

Background: The identification of individuals with asymptomatic sexually transmitted infections (STI) requires screening promotion. Individuals engaging in high-risk sexual activity face many barriers to accessing preventive health services. Barriers may include: cost, location, perceived lack of confidentiality, or interaction with inexperienced or uncomfortable health care providers. Offering a wide range of low-cost sexual health services can encourage screening behaviors and provide opportunities for behavior change intervention.

Objectives:

- To screen men and women for asymptomatic infections
- To treat asymptomatic or exposed persons for STI
- To provide behavioral counseling for prevention of STI
- To reduce barriers to sexual health care for disadvantaged populations

Methods: Chase Brexton Health Services, Inc. employs six RNs whom manage walk-in STI services nine hours per week at a cost of $32 per visit. The promotion of screening for sexually transmitted infection prevention and education by registered nurses (RN) presents a unique opportunity to engage individuals involved in high-risk sexual activities with a low-cost intervention. RNs are qualified to provide these services and encourage wellness to populations not traditionally targeted for services. The RNs function under the direct supervision of licensed prescribing providers. Protocols and standing orders guided by CDC recommendations are utilized to maximize efficiency. Visits include behavioral education, partner notification, treatment, and screening for bacterial & viral STI, as well as Hepatitis immunization.

Results: An increased demand for services by high-risk groups including MSM, adolescents, and women indicates a greater awareness of the benefits of STI screenings. The service has increased by 66% the number of clients it serves and is now offered 3 nights per week.

Conclusions: Case finding, partner notification, and treatment activities have improved opportunities for targeted prevention of STI in a high-risk population.

Implications for Programs and Policy: A multi-disciplinary low-cost approach to STI prevention and treatment can assist highly prevalent communities to lower rates of transmission.

Objectives: The participant will be able to

- Promote low-cost STI screening for asymptomatic individuals into the clinical or outreach etting
- Identify the public health benefit to utilization of nursing protocols in the community setting

D-9

STAGES OF CHANGE, SELF-EFFICACY, DECISIONAL BALANCE, AND CONDOM USE IN RURAL AFRICAN AMERICAN STIMULANT USERS

Donna L. Gullette, DSN, RN, Brenda M. Boothe, PhD., Katharine E. Stewart, PhD, MPH, Patricia B. Wright, MPH, Zachary Feldman, MS
University of Arkansas For Medical Sciences, Little Rock, Arkansas, United States

Background: Stimulant use has increased in the South, among all racial groups, particularly, in rural communities. African Americans are more likely to use crack or powder cocaine than Caucasians. Sexually transmitted HIV has been linked to the use of crack cocaine, trading sex for drugs and multiple sex partners. Rural African American stimulant users are at especially high risk, and need effective sexual risk reduction interventions. Yet, research is virtually non-existent among these hidden populations.

Purpose: The Transtheoretical Model (TTM) was used as a framework to identify stages of change (SOC) associated with condom use with main and casual partners, and describe how self-efficacy and decisional balance (perceived advantages and disadvantages) of condom usage predicted SOC.

Method: Seventy-two rural African American stimulant users (50% women) completed nine computer-assisted personal interviews; one of which focused on TTM constructs related to condom use with main and casual partners.

Findings: Most participants (76%) had a main sexual partner. More than half (54%) had at least one casual sex partner. Participants (74%) were in earlier SOC (precontemplation, contemplation) for condom use with a main partner; but with causal partners, 58% were in the maintenance SOC. High self-efficacy was significantly related to a higher SOC for main partner ($p<0.01$), but not casual partners. Participants with high self-efficacy were 16 times (OR 16.49, 95%CI, 1.840, 147.712) more likely to use a condom with a main partner. Self-efficacy with a casual partner and decisional balance with a main and a casual partner were not significant predictors of condom usage SOC.

Conclusions: Self-efficacy was useful in determining SOC for condom use with a main partner. Decisional balance was not predictive of a higher SOC.
Implications: Why participants were more likely to use condoms with main partners than with casual partners is unclear. Exploring the significance of self-efficacy and sexual risk-taking behaviors with casual partners may provide keys to understanding how social networks of stimulant users perceive risk and lead to the development of community based interventions to reduce risk-taking behaviors.
Objectives: The participant will be able to

- Participants will be able to identify the five stages of change associated with condom usage among rural stimulant users
- Participants will be able to state at least one stage of change associated with condom use with a primary partner
- Participants will be able to describe how perceived self-efficacy for condom usage with a main partner has more influence on the decision to use a condom than decisional balance

Notes

Agenda at a Glance—Sunday, November 11

Registration
8:00 am – 1:00 pm

2008 Conference Committee Meeting
8:30 am - 10:00 am
Eagle Boardroom

Roundtables
9:00 am – 10:15 am
Swan Ballroom 2-4

Plenary Speaker
10:30 am – Noon
Marilyn K. Volker, EdD
Swan Ballroom

Closing/Evaluation
Noon – 12:30 pm
Greg Parr
2008 Conference Chair
Carl Kirton
President

Notes

HEARTS ON: Facilitating Sexual Health for Our Patients – Issues, Strategies, Resources

Swan Ballroom

Total health care includes sexual health care. Nurses have a unique role in facilitating this critical issue for ALL patients—whether they have sex or not. This presentation will focus on specific issues, strategies, and resources nurses can utilize in helping patients who experience body changes, surgeries, diseases and varying abilities.

MARILYN K. VOLKER, ED.D.
Sexologist, American Board of Sexology
besafemv@hotmail.com

Marilyn Volker, sexuality educator for the past thirty five (35) years, is a Diplomate of the American Board of Sexology and an Associate Fellow of The American Academy of Clinical Sexologists. She sits on the faculty of four South Florida universities – University of Miami, Florida International University, St. Thomas University, and Barry University. Dr. Volker trains counselors to become sex therapists through the Florida Post-Graduate Sex Therapy Training Institute and The Joint Doctoral Program in Clinical Sexology for Sex Therapists.

Dr. Volker helped to establish the Health Crisis Network, Florida's first Community based AIDS project in l982 by directing its education division. She received specialized training in HIV/AIDS from the National Institute on Drug Abuse and has educated thousands over the past 23 years about HIV/AIDS in schools, community organizations, professional organizations, corporations state and nationwide. Dr. Volker helped to develop the HIV/AIDS curriculum and training programs for the Miami-Dade County Public Schools, for the National VA Hospitals, and for the United States Air Force and the United States Navy.

Dr. Volker's passion in life is to invite all people from nursery school to nursing homes to learn information about their one and only body – honoring public and private parts – by always being SAFE – physically, emotionally, and sexually!

Objectives: The learner will be able to

- List three professional behaviors in facilitating patient sexual health care
- Recall four components of sexual identity that may be affected by disease, body changes, disabilities.
- Target three reasons for sexual problems related to health care
- List four parts of intervention model in addressing sexual health care concerns
- Remember two resources nurses may utilize in addressing sexual health care

Notes

ROUNDTABLES

R1.
Training the Next Generation of HIV Nurses: Sharing our Stories
Carol Dawson Rose, PhD, RN

R2.
Additional Roles in HIV/AIDS Clinical Care a Challenge in a Demotivated Team: Africa Experience
Ruth Kulume-Okwanga
Jane Namukasa-Wanyama
Charles Steinburg,Dr.
Alice Nakiwoga-Muwange, Dr.

R3.
Preparing Home Health Nurses for AIDS Certification
Stacey Gladstone, RN, BSN,ACRN
Laurene Clark, RN, BSN,ACRN

R4.
Teaching Safer Sex Behaviors to Youth (and Us)
Kim Stieglitz, Dr.

R5.
Increasing Quality of Care for HIV Patients While Enhancing Graduate Education through Faculty Practice at Ryan-White Clinics
Linda Altman, DNP,APRN

R6.
Caring for the Caregivers to Care
Christine Mutati
Isaac Sulwe

R7.
Caring for Our Global Carers: A Human Right's Priority and Intervention to Target the Global Brain Drain
Amanda Walsh, RN, BScN

R8.
Taking Action to Save Lives: HIV/AIDS Prevention in Young African American and Latino women
Marilyn Lugo,ACRN, MSN, CNS

R9.
National ANAC Leadership Opportunities for the Non-Chaptered Member
Lucia Schliessmann, , MSN, BA, RN,ACRN
Joe Burrage, PhD, RN

R10.
HIV+ Nurses (ALL NURSES WELCOMED)
Richard Ferri, PhD,ANP,ACRN,AAHIVS, FAAN

R-1

TRAINING THE NEXT GENERATION OF HIV NURSES: SHARING OUR STORIES

Carol Dawson Rose, PhD, RN
Pacific AIDS Education and Training Center Nursing Faculty, CA,
Pacific Region, United States

Background: Nurses have played an important role in HIV care and prevention across the lifespan. Over the last 20 years HIV care has become more complex, multifaceted and challenging. As the epidemic ages so do the nurses who are delivering HIV care. There is a need for nurses document their experiences and define the essentials of HIV nursing practice and to mentor the next generation of HIV nurses.

Purpose: The purpose of this roundtable is to share a process that the Nursing Faculty for the Pacific AIDS Education and Training Centers has used over the past three years to increase the visibility of nurses, and to regenerate to continue with training and care.

Methods/Practice: World Café, an innovative methodology, will be used to open up the space to share our stories of HIV nursing care. As a conversational process, the World Café is an innovative yet simple methodology for hosting conversations about questions that matter. These conversations link and build on each other as people move between groups, cross-pollinate ideas, and discover new insights into the questions or issues that are most important in their life, work, or community. www.theworldcafe.com. World Café has been used internationally to promote rich dialogue, resolve conflicts and develop tangible outcomes. Nurses will have the opportunity to respond to questions such as "What are the essentials of your HIV nursing practice? What matters most in your work?"

Implications for Practice: As we move into our 3rd decade of HIV nursing care we need to define and articulate the art of nursing practice as well as the science. Using this World Café methodology has enabled HIV nurses in the western region of the U.S. (PAETC) to identify areas of HIV expertise and begin to take on leadership roles around HIV nursing mentorship. This roundtable would be an opportunity to expand this discussion to the wider national ANAC arena.

Objectives: The participant will be able to

- Engage in conversation about your nursing practice, identify what matters and is important to pass on to the next generation of HIV nurses
- Increase our capacity to describe complex components of HIV nursing practice including care coordination, advocacy, and teaching

R-2

ADDITIONAL ROLES IN HIV/AIDS CLINICAL CARE A CHALLENGE TO A DEMOTIVATED TEAM: AFRICA EXPERIENCE

Ruth Kulume-Okwanga, Jane Namukasa-Wanyama, Charles Steinburg, Dr, Alice Nakiwoga-Muwanga, Dr
Infectious Diseases Institute, Kampala, Uganda

Background: The HIV/AIDS epidemic continues to pose a serious global challenge in terms of increasing numbers of persons getting infected and subsequently seeking health care1. The demand of the epidemic in hard hit regions in the developing world requires a motivated and dedicated workforce to provide quality care.2

In developing countries the health care system is facing many challenges of which one is motivating an overburdened team using the available limited resources. Though the nurses have played a significant role in care, the epidemic has drastically increased this burden and this is likely to compromise the quality of care.

Given the already existing shortage of health workforce, this has been worsened with increased rollout of ART yet there are not enough doctors to monitor the whole process, the nurse's role inevitably becomes significant on filling the gap.

Purpose: To illustrate the need to critically analyze and appreciate the challenges nurses in Africa are faced with as they take up additional roles in HIV/AIDS clinical care to ensure a successful access to treatment by 2010.

Method: Retrospective literature review and experience sharing on the role of a nurse in HIV/AIDS care was done. Though nurses form the greatest number of the health workforce reflecting nurses' being key in health service delivery they continue to have poor working conditions3, remuneration, insufficient training and clinical mentoring. This has to a high drop-out rate4 and relocation in search for better paying jobs.

Conclusion: The idea of nurses taking up clinical roles is feasible and a major option in scaling up HIV/AIDS care in Africa However, the challenge governments and policy makers especially in resource limited setting have is to find resources for support and allocate them in a manner that will improve the welfare of nurses.

Objectives: The participant will be able to

- To appreciate challenges African nurses are faced with in taking clinical roles in HIV/AIDS care in Africa
- To identify possible practical solutions of motivating and retaining nurses in Africa in order to address the big challenge in ART management
- To discuss ways of increasing nurse participation in planning policy making and implementation of issues pertaining their profession

R-3

PREPARING HOME HEALTH NURSES FOR AIDS CERTIFICATION

Stacey Gladstone, RN, BSN, ACRN,
Laurene Clark, RN, BSN, ACRN
Village Care of New York, New York, NY, United States

Background: The role of the visiting nurse caring for an HIV-specific population requires specialized knowledge in order to effectively address the myriad of health and psychosocial issues faced by these clients. Without agency support, nurses are left on their own to gather this knowledge and to effectively incorporate it into their practice. In order to reduce re-hospitalization, promote adherence, enhance well-being, and support secondary prevention, HIV home care nurses must become specialists in their field. Health care agencies have a stake in ensuring the highest quality of care for their clients.
Purpose: To prepare home health nurses to sit for the ACRN exam and gain certification by developing an in-house education program.
Methods/Practice: Seven RN's were recruited from existing staff. Each nurse joined ANAC and was provided with the "Core Curriculum". Nurses attended two topic-specific sessions per month over a period of five months, and were given related study materials. Topics covered were; Disease Process, Opportunistic Infections, Anti-retroviral Medications, Epidemiology, STD's & related Cancers, Psychosocial Issues, Long Term Toxicities, Prevention, Special Populations, and Emerging Therapies. AETC provided five sessions through Cicatelli and Associates. Five sessions were provided by members of the agency's Staff Development department. Group members were pre and post tested at each session. One week prior to the exam, group members attended a four hour review session. The agency covered all costs. Five group members were Beta testers for the new ACRN practice test.
Conclusions: Six out of seven group members passed the exam and are now ACRN's. These nurses demonstrate greater expertise in HIV nursing, resulting in a more nuanced approach to client care. Each member reports feeling increased competence and confidence in their nursing practice.
Implications for Practice: The greater presence of HIV nurse specialists, and the demonstrated commitment of upper management to supporting specialty certification in HIV, sets a tone for excellence that trickles down throughout the agency. New ACRN's act as a resource to their colleagues. Job satisfaction is increased. Clients receive more individualized and higher quality care.

Objectives: The participant will be able to
- Will understand the basis behind agency supported certification preparation
- Will gain knowledge of a sample curriculum for certification preparation

R-4

TEACHING SAFER SEX BEHAVIORS TO YOUTH (AND US)

Dr. Kim Stieglitz
Saint Louis University, St. Louis MO, United States

Background: Half of all new HIV infections in the U.S. occur during adolescence. The need for engaging youth in productive discussions and activities for learning and implementing safer sex behaviors remains critical for slowing transmission. Although knowledge of safer sex does not necessarily translate into safer behaviors, it does remain a key component. These educational interventions must also be culturally and developmentally appropriate.
Purpose/Methods: This discussion will share innovative strategies through interactive demonstration, game playing, and presentation. Visual aids may be used to demonstrate different learning modalities.
Implications for Practice: Participants will gain physical skills and be able to share their experience and knowledge of teaching and learning targeted strategies. New ideas can be transferred to instructional programs or individualized client teaching in work settings, enhancing effectiveness in primary or secondary HIV prevention.
Objectives: The participant will be able to
- Describe two strategies for engaging youth in safer sex education
- Describe two activities to do with youth that enhance learning

R-5

INCREASING QUALITY OF CARE FOR HIV PATIENTS WHILE ENHANCING GRADUATE EDUCATION THROUGH FACULTY PRACTICE AT RYAN-WHITE CLINICS

Linda Altman, DNP, APRN
Medical College of GA School of Nursing, Athens, GA, United States

Background: The Medical College of Georgia School of Nursing (SON) Faculty Practice plan provides the Advanced Practice Registered Nurses (APRN's) to provide patient care at a north Georgia Ryan White III clinic.
Purpose: This on-going practice is a new endeavor between the SON and the Health Department which oversees the Ryan White III grant. At this time there are three APRN's each working two half days per week. This arrangement was established to increase the quality of care provided to patients by using university faculty who, as a group, will stay on the cutting edge of current practices and research. The APRN's will also serve as preceptors to graduate nursing faculty in an effort to increase the number of practitioners entering into HIV care.

Practice: The practitioners are currently entering the practice in collaboration with a group of infectious disease physicians. Patients are seen every three months, when stable, It is planned that the APRN's will be seeing the patients for the majority of their care with input from the physicians as needed.
Conclusions: This is a new endeavor and a work in progress. At this time, there has not been sufficient time for any significant measurements of improved patient outcomes.
Implications for Practice: This joint venture between MCG SON faculty practice and the Ryan White III Clinic may prove to be of significant benefit to patients with HIV. The care provided will be compassionate—nursing professionals listen! The care will be cost-effective—less cost for APRN's as compared with physicians. The care will provide educational benefits—encouraging new graduates to become HIV practitioners or researchers.
Objectives: The participant will be able to
- Will understand procedure for establishing faculty practice with RW clinic
- Will be able to go into their community and promote/ establish a practice that will benefit patients, faculty and students
- Will understand the importance of using the clinic to provide preceptorships to graduate students while providing quality patient care
- Will be able to discuss the reasons why the RW clinic should allow students to interact/treat patients. The learner will also be able to discuss a collaborative process with the college/university to arrange preceptorships at the clinics

R-6
CARING FOR THE CAREGIVERS TO CARE

Christine Mutati, Isaac Sulwe
University of Zambia, Lusaka, Zambia, Zambia

Background: Nurses and midwives carry the primary responsibility for AIDS care, treatment and support. The gender bias of the profession, the traditional hierarchy within health institutions and the challenge of addressing the health needs at work, in the community and at home contributes to a weaken health care system. Addressing the needs of health workers leads to stronger health care systems and better care for those living with HIV. Despite this huge responsibility they were no policies or programs to treat health workers infected with HIV.
Purpose: To explore areas of intervention in prevention, care and support of HIV/AIDS among nurses and midwives in Zambia.
Description: Zambia Nurses Association undertook a study in 4 provinces with 246 participants to identify the needs of health workers. Data was collected using interviews, questionnaires and focus groups. The study found that health workers faced severe challenges addressing the impact of HIV. It identified a need for support services if control of transmission of HIV in the workplace was to be realized. Based on the findings, an intervention program was developed that enables nurses and midwives affected and infected by AIDS to be mentally and emotionally supported.
Conclusion: Peer support programs led to increased use of voluntary counseling and testing, reduced stigma and discrimination and increased HIV knowledge and support services accessed by nurses.
Implications for practice: health care provider organizations undertake programs to provide support to its members to address the impact of HIV.
Objectives: The participant will be able to
- Reduce HIV infection among nurses and midwives
- Update nurses and midwives with knowledge and skills in AIDS

R-7
CARING FOR OUR GLOBAL CARERS: A HUMAN RIGHT'S PRIORITY AND INTERVENTION TO TARGET THE GLOBAL BRAIN DRAIN

Amanda Walsh, RN, BScN
University Health Network, Toronto, Ontario, Canada

Background: Within the last five years there has been a palpable increase in the amount of nursing scholarship addressing both the HIV pandemic and health human resource shortages. Much of these efforts have culminated in the creation of an International Centre for Human Resources in Nursing by the International Council of Nurses. Yet, as time passes, and such scholarship advances, the urgent need for current need for targeted practice initiatives has increased. Studies of HIV prevalence in sub-Saharan African health worker populations have illustrated numbers as high as 18.1%.
Purpose: Various nursing associations throughout sub-Saharan Africa have started to explore the process of providing programming specifically for HIV+ health care workers. International NGOs and nursing associations in developed countries now have both the opportunity to assist fellow nursing associations in countries hardest hit with consequences of brain drain.
Methods/practice: Such an intervention targeting health worker health and retention is a joint project by the Chief Nursing Officer of Kenya, the National Nurses' Association of Kenya and this author. This initiative aims to address the specific needs of HIV+ nurses and explore how more targeted services could improve the health of HIV+ nurses, decrease absenteeism, and improve retention.
Conclusions and Implications for Practice: Providing targeted treatment for HIV+ health care workers must be declared a priority in our global efforts to scale up HIV treatments in sub-Saharan Africa, for without adequate health human resources, these goals are likely to remain unattainable.
Objectives: The participant will be able to
- Understand the scale of HIV infection in Kenyan health care workers and to discuss the barriers for health care workers in receiving treatment

• Explore the impact of HIV in health care workers, from both an individual and systems perspective
• Brainstorm about interventions to specifically address the needs of Kenyan HIV+ health care workers

R-8

TAKING ACTION TO SAVE LIVES: HIV/AIDS PREVENTION IN YOUNG AFRICAN AMERICAN AND LATINO WOMEN

Marilyn Lugo, ACRN, MSN, CNS
Visiting Nurse Service of New York, Brooklyn New York, United States

Background: The 2005 census shows that African American and Hispanic women represent 24% of the US population, however they account for 82% of the estimated total AIDS diagnoses for women. The primary transmission was heterosexual contact and accounts for 80% heterosexually acquired cases. Moreover, the rate of AIDS for African American women were 24 times higher then for Whites and 4 times higher then Hispanics. Perinatal transmission is the source of most cases in children in the US. Of the estimated 141 perinatally infected with HIV, 91 (65%) were African American.

Purpose: The purpose is to evaluate the effectiveness of HIV prevention teaching in the home with young African American and Hispanic women who are infected or at risk for becoming infected.

Methods/Practice: Interviews with Maternal Newborn pediatric visiting nurses providing teaching to young African American and Hispanic women at risk for infection. A tool was distributed to assess experiences, nurse comfort level and patient receptiveness to teaching with the adolescent, antepartum and postpartum populations.

Conclusions: Visiting nurses can provide prevention/interventions that address culture, socio economic barriers, empowerment and negotiating skills within the home setting. Further teaching is needed to increase the comfort level of home care nurses in addressing HIV prevention/ safe sex practices with adolescent population. The antepartum and postpartum patients were more receptive than the adolescents who tended to rely on their skills attitudes and behaviors.

Implications for practice: Adolescents need to get prevention messages in different settings outside of school. Such prevention should consider the developmental abilities of this age group. Antepartum and postpartum education in the home on prevention of perinatal transmission and safe sex practices could make a difference in transmission rates. Interventions in encouraging HIV counseling and testing with referrals to community resources fro further education can be initiated in the home.

Objectives: The participant will be able to
• Describe prevention needs of young African-American and Hispanic women
• Identify teaching methods for prevention of mother to child HIV transmission

R-9

NATIONAL ANAC LEADERSHIP OPPORTUNITIES FOR THE NON-CHAPTERED MEMBER

Lucia Schliessmann, MSN, BA, RN, ACRN
Joe Burrage, PhD, RN

Background: The ANAC Board of Directors wish to identify non-chaptered members interested in leadership opportunities at the National Level. Approximately 50% of the ANAC membership is not connected to chapters.

Purpose: Identify resources, activities and strategies to enhance and support leadership development of individual ANAC members not affiliated with ANAC Chapters.

Methods: Discussion/Interactive dialogue and examples

Conclusions: To provide feedback from members regarding resources, activities, and strategies which will support non-chaptered members becoming involved at the national level.

Inplications: Increased involvement of non-chaptered members at the national level in leadership positions.

Objectives: The participant will be able to.
• Identify resources, activities and strategies to enhance and support leadership development of individual ANAC members not affiliated with ANAC Chapters.

R-10

HIV POSITIVE NURSES

Richard Ferri, PhD, ANP, ACRN, AAHIVS, FAAN
Freelance Editor, Medscape
Primary Care Practitioner, Crossroads Medical

Background: Nurses living with HIV/AIDS were some of the pioneer advocates for all people with the virus. Nurses such as Frank Lamendola, RN, David Feldt, RN, and Karen Daley, RN took a stand in the epidemic, came out very publicly as being HIV positive themselves and relentlessly pushed for care, advocacy, basic rights, and human dignity at a time of public panic, confusion, and irrational fear.

Today HIV positive nurses still impact the lives and health care of all people with HIV infection by their clinical practice, political activism, research, and their willingness to be public about what it means to be a nurse living with HIV disease.

Purpose: This roundtable welcomes ALL nurses, regardless of their known status, to discuss the history of HIV positive nurses, examine the role and function of ANACs HIV positive nurses committee, and make recommendations to how to improve the lives and careers of nurses with HIV disease, give them a stronger voice at the ANAC table, and advance the nursing science of caring for people with HIV/AIDS.

Methods: Peer led roundtable discussion.

Implications: To improve the lives and careers of HIV positive nurses, their practice, and the care they provide to all people living with HIV infection

Objectives: The participant will be able to

- Understand the history of HIV positive nurses
- Learn how to improve the lives and careers of nurses living with HIV infection
- Discuss ideas on how to improve the role of the HIV positive nurse member of ANAC

Exhibitor Hours

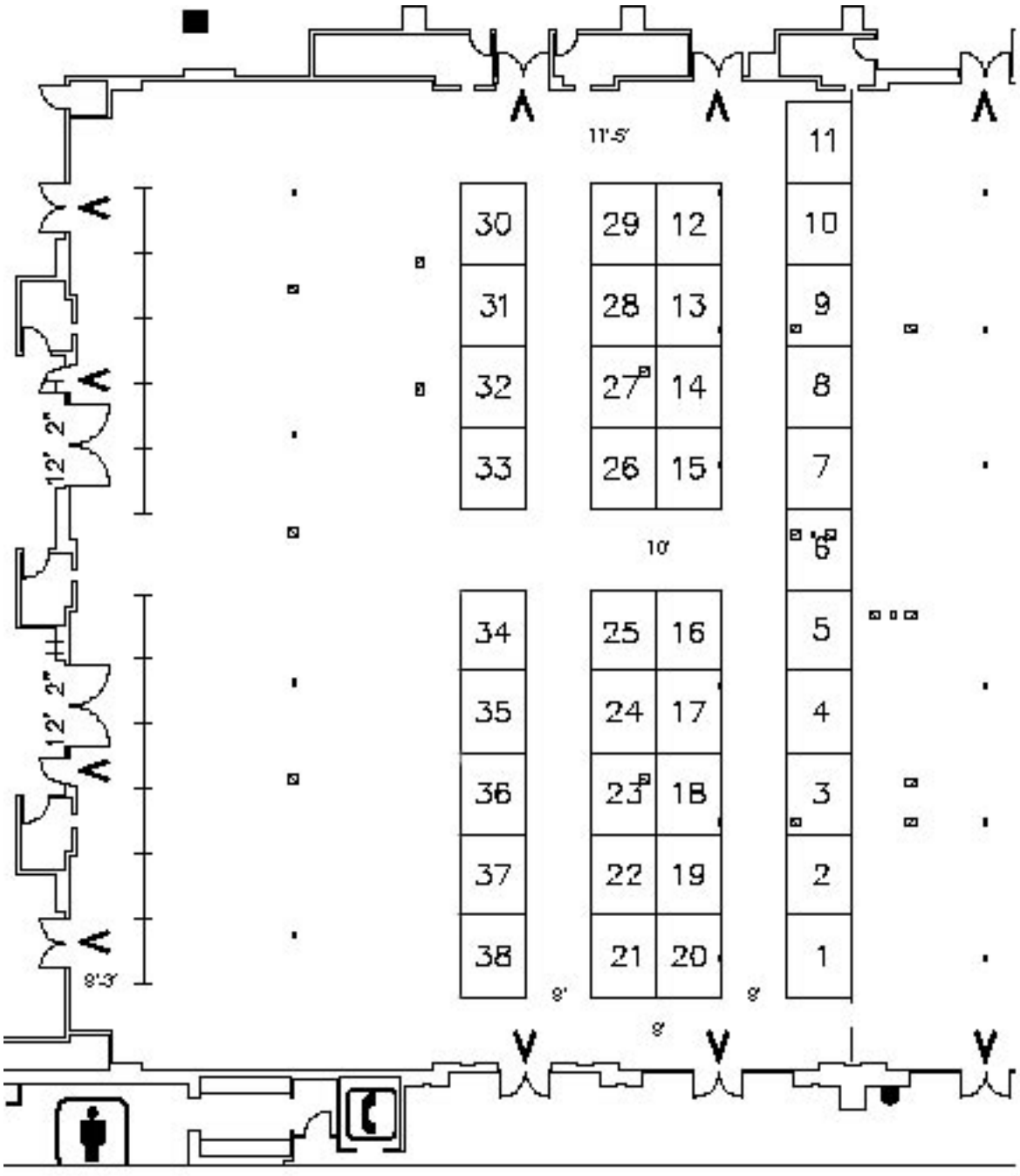
Friday, November 9, 2007
Noon - 5:00 pm

Saturday, November 10, 2007
8:00 am – 1:00 pm

Notes

Association of Nurses in AIDS Care

November 9-10
Walt Disney World Swan and Dolphin Resort
Orlando, Florida



Abbott — Booth 12

200 Abbott Park Road
Abbott Park, IL 60064

Abbott is a global, broad-based health care company devoted to discovering new medicines, new technologies and new ways to manage health. Our products span the continuum of care, from nutritional products to medical devices and pharmaceutical therapies. Our comprehensive product line encircles life itself – addressing important health needs for all ages.

AID FOR AIDS International — Booth 10

515 Greenwich Street, Suite 506
New York, NY 10013

HIV medication recycling program to provide medication in individuals living with HIV and AIDS in developing countries, without access to such treatment.

AIDS Healthcare Foundation — Booth 27

6255 W. Sunset Blvd., 21st Floor
Los Angeles, CA 90028

AIDS Healthcare Foundation will feature the Positive Healthcare Pharmacies, Positive Healthcare Disease Management Program, Positive Healthcare Partners MCO, Global Immunity, and Out of the Closet Thrift Stores. All of which are non-profit lines of business. Proceeds support care to patients living with HIV/AIDS.

American Academy of Nurse Practitioners — Booth 24

P. O. Box 12846
Austin, TX 78711

AANP is the oldest, largest and only full-service professional membership organization for NPs of all specialties. AANP provides national representation for over 95,000 NPs through its various membership categories.

BioForm Medical Inc. — Booth 18

1875 S. Grant St. Suite 110
San Mateo, CA 94402

Radiesse is the first FDA-approved one-year dermal filler that corrects the signs of facial lipoatrophy in patients with HIV. Made of calcium-based microspheressuspended in a water-based gel, Radiesse is injected into the skin theought a simple minimally invasive procedure. Radiesse delivers bothe immediate and long-lasting results.

Boehringer Ingelheim Pharmaceuticals, Inc. — Booths 20, 21

900 Ridgebury Road
Ridgefield, CT 06877

Boehringer Ingelheim Pharmaceuticals, Inc. is a research driven company committed to improving HIV therapy by providing physicians and patients with innovative antiretrovirals. We welcome you to the 20th Annual ANAC Convention and we are pleased to discuss with you the latest clinical information on VIRAMUNE® (nevirapine) and Aptivus® (tipranavir).

Bristol-Myers Squibb — Booth 14

P.O. Box 4500
Princeton, NJ 08543

Bristol-Myers Squibb welcomes you to Orlando! We invite you to visit our exhibit and welcome the opportunity to meet our representatives to discuss products and services we have to offer.

Calmoseptine, Inc. — Booth 29

16602 Burke Lane
Huntington Beach, CA 92647

Calmoseptine Ointment protects and helps heal skin irritations from moisture such as urinary and fecal incontinence. It is also effective for irritations from perspiration, wound drainage, fecal & vaginal fistulas and feeding tube site leakage. Calmoseptine temporarily relieves discomfort and itching. Free samples at our booth.

Digestive Care, Inc. — Booth 34

8286 Glenmar Road
Ellicott City, MD 21043

Digestive Care, Inc. (DCI) is dedicated to developing unique pharmaceutical products to alleviate complications and symptoms of gastrointestinal disorders, DCI's research into the controlled delivery of gastric acid resistant digestive enzymes and buffered bile acids through micro encapsulation led to the development of the highly successful drug product, PANCRECARB® (pancrelipase).

Elsevier, Inc. — Booth 23

1600 JFK Boulevard, Suite 1800
Philadelphia, PA 19103

Elsevier presents the Journal of the Association of Nurses in AIDS Care, the official journal of the Association of Nurses in AIDS Care. Please stop by our booth to view the latest copy of the journal and browse our other books and journals in the field of nursing.

FDA Office of Woman's Health — Booth 4

5600 Fishers Lane, Room 16-65
Rockville, MD 20857

The U.S. Food and Drug Administration Office of Women's Health addresses the health issues of the nation's women by funding scientific research, collaborating with national organizations to sponsor outreach efforts, and disseminating free publications on a variety of topics including heart disease, medication safety, HIV , and menopause.

Florida/CaribbeanAETC/Perinatal HIV TranmissionPrevention Program — Booth 11

13301 Bruce B. Downs Boulevard
Tampa, FL 33612

Visit the AETC booth for more information on the programs and resources we have available. We provide education and support for health care providers in a variety of formats including conferences, seminars, and case conferences

Gilead Sciences, Inc. — Booth 28

333 Lakeside Drive
Foster City, CA 94404

Gilead Sciences is a biopharmaceutical company that discovers, develops and commercializes innovative therapeutics in areas of unmet medical needs. The company's mission is to advance the care of patients suffering from life-threatening diseases worldwide. Headquartered in Foster City, California, Gilead has operations in North America, Europe and Australia. Visit Gilead on the World Wide Web at www.gilead.com.

GlaxoSmithKline, Inc. — Booth 19

P.O. Box 13398
Five Moore Drive
Research Triangle Park, NC 27709
www.gsk.com
800-366-8900

GlaxoSmithKline is a leading research-based pharmaceutical company with a powerful combination of skills to discover and deliver innovative medicines. We offer a number of programs to support effective health management strategies and improve patient care. Please visit our exhibit to learn more about our products.

International Center for Equal Healthcare Access — Booth 30

101 West 23rd Street, Suite 179
New York, NY 10011

The International Center for Equal Healthcare Access (ICEHA) is an international not-for-profit organization that engages healthcare professionals to rapidly transfer their expertise on HIV care and infectious diseases to colleagues in developing countries, using innovative methods of clinical mentoring.

K-PAX, Inc. — Booth 7

655 Redwood Highway, #346
Mill Valley, CA 94941

K-PAX Immune Support Formula is the only nutritional formula shown to increase CD5 cells in individuals also taking antiviral medication (HAART) (JAIDS 2006;42(5):523-528). It is a pharmaceutical-grade, antioxidant formula that provides increased energy to every cell of the body. It specifically enhances and supports immune, nervous, and hepatic functioning in people with serious medical conditions.

MedExpress Pharmacy LTD — Booth 37

P.O. Box 1666
Salisbury, NC 28145-1666

Compliance, compliance, compliance. We call every patient, every month. Are they taking their meds? Do they have refills available? If everything is fine, we make sure they get their next prescriptions right on time. If there is a problem, we make sure it is resolved before they need their next refills. We also frequently reduce insurance copays.

National HIV/AIDS Clinicians' Consultation Center Booth 31

1001 Potrero Avenue
Bldg. 20, WO 2203
San Francisco, CA 94110

The National HIV/AIDS Clinician's Consultation Center provides three free telephone-based clinical consultation services for health care professionals managing HIV/AIDS (Warmline 800-933-3413), managing occupational exposures to blood-borne pathogens (PEPline 888-448-4911) and perinatal consultations including rapid test interpretations for HIV infected pregnant women and their babies (Perinatal Hotline 888-448-8765).

National Library of Medicine Booth 5

Division of Specialized Information Services
6707 Democracy Blvd., Ste. 510
Bethesda, MD 20892

The National Library of Medicine provides FREE Internet access to its HIV/AIDS health information resources at http://aids.nlm.nih.gov. Both the health professional and the health consumer can obtain a variety of HIV/AIDS related information for prevention, treatment strategies and support services.

NIH HIV/AIDS Research Programs Booth 36

Office of AIDS Research
National Institutes of Health
c/o SSS
8757 Georgia Avenue, 12th floor
Silver Spring, MD 20910

The National Institutes of Health/Office of AIDS Research (NIH/OAR) is responsible for scientific, budgetary, legislative, and policy elements of the NIH HIV/AIDS Research Programs. Congress has provided broad authority to the OAR to plan, coordinate, evaluate, and fund all NIH AIDS research. OAR promotes collaborative research activities in both domestic and international settings.

Parkland Health & Hospital Systems Booth 13

5201 Harry Hines Boulevard
Dallas, TX 75235

Parkland Health & Hospital System, Dallas County Hospital District, was established in 1894 to provide health care to the indigent of Dallas County. Today, with 950 beds Parkland is an acclaimed Level I Trauma Center, Regional Burn Center, and a major referral center. Parkland Health & Hospital System is acclaimed for quality care, teaching, and research and always being on the cutting edge of medical care. It is the primary teaching hospital for the University of Texas Southwestern Medical Center. Parkland continues to grow in size and excellence and we have opportunities for you to grow with us.

Pfizer, Inc. Booth 1

235 East 42nd Street
New York, NY 10017

Please visit the Pfizer, Inc. physician education exhibit.

Pharmacare Specialty Pharmacy — Booth 26

600 Penn Center Boulevard
Pittsburgh, PA 15235

Pharmacare Specialty Pharmacy is the nation's leading pharmacy providing specialized care to individuals living with HIV/AIDS and other challenging health conditions. We assist people with emotional and physical demands of taking highly intensive therapies with individualized care. To learn more about Pharmacare, please call 1-800-238-7828 or our website www.pharmacare.com.

Physicians for Human Rights — Booth 3

2 Arrow Street, Suite 301
Cambridge, MA 02138

Physicians for Human Rights mobilizes physicians, nurses, and other health professionals to advance health and human rights policies worldwide. Our Health Action AIDS Campaign advocates for US and global AIDS policies to be based on science and human rights principles. We seek to engage more nurses and nursing students to lend their voice and expertise to our campaign efforts.

Roche — Booth 38

340 Kingsland Street
Nutley, NJ 07110

Roche is a leading innovator of pharmaceuticals. Our people are engaged in the discovery, development, manufacturing, and marketing of prescription medicines in a wide variety of therapeutic areas, including cancer, HIV/AIDS, hepatitis C, transplantation, influenza, and osteoporosis. We invite you to our booth at ANAC. For more information on our company, please visit our website www.rocheusa.com.

SAIC - Frederick — Booth 2

5705 Industry Lane, Suite J
Frederick, MD 21704

SAIC-Frederick, Inc., has opportunities to work in support of clinical research conducted by the National Cancer Institute (NCI) and the National Institute of Allergy and Infectious Diseases (NIAID). Our clinical research professionals work in close partnership with NIAID and NCI clinical research teams to tackle major public health issues. Visit our web site at http://saic.ncifcrf.gov or www.Saic.com to learn more about these opportunities. SAIC-Frederick, Inc., is an equal opportunity/affirmative action employer.

Smart + Strong — Booth 9

500 Fifth Avenue, Suite 320
New York, NY 10110

POZ's mission is to educate people with HIV to take responsibility for their health. Founded in 1994 by people with AIDS to promote the vision that surviving AIDS is possible. POZ remains the leading national magazine of its kind, continuing not to just break the news but make it.

Solvay Pharmaceuticals, Inc. — Booth 32 & 33

901 Sawyer Road
Marietta, GA 30062

Solvay Pharmaceuticals, Inc. (www.solvaypharmaceuticals-us.com) of Marietta, Georgia, is a research-drive pharmaceutical company that seeks to fulfill unmet needs in the therapeutic areas of cardiology, gastroenterology, mental health, women's health and a select group of specialized markets including men's health, antiemetics and hematology. It is a part of the global Solvay Pharmaceuticals organization whose core activities consist of discovering, developing and manufacturing medicines for human use. Solvay Pharmaceuticals is a subsidiary corporation of the worldwide Solvay Group of chemical and pharmaceutical companies headquartered in Brussels, Belgium.

The Gideons International — Booth 35

P.O. Box 140800
Nashville,TN 37214-0800

White New Testaments bound in gold with Psalms and Proverbs available to all in the medical field free of charge.

Tibotec Therapeutics — Booths 16 & 25

430 Route 22 East
Bridgewater, NJ 08807

Tibotec Therapeutics, a division of Ortho Biotech Products, L.P., headquartered in Bridgewater, N.J., is dedicated to delivering innovative virology therapeutics that help healthcare professionals address serious unmet needs in people living with HIV.To learn about products, please visit Tibotec Therapeutics representative at our booth.

UCSF School of Nursing — Booth 22

2 Koret Way, Box 0604
San Francisco, CA 94143-0604

Nationally recognized, top ranked UCSF School of Nursing has just the program for you! We have a special HIV/AIDS focus option with our Advanced Community Health & International Nursing CNS specialty, and our Adult NP specialty. We offer over 20 specialty tracks in our Master's Program. Any student can minor in HIV/AIDS. And, when you are ready, our PhD program is legendary! http://nurseweb.ucsf.edu; 415-476-1435

Virco Lab, Inc. — Booth 17

700 Route 202 South
Raritan, NJ 08869

Virco Lab, Inc. is a research based Biotechnology Company that applies advanced technologies to improve the diagnosis and management of infectious diseases. A pioneer in the field of HIV-1 Drug Resistance Testing,Virco is dedicated to improve the quality of life for patients.

Walgreens Specialty Pharmacy — Booth 15

1411 Lake Cook Road, MSL220
Deerfield, IL 60015

Personalized. Supportive. Reliable. That's Walgreens Specialty Pharmacy. We are a single-source provider of specialty therapies – oral, injectable, and infused. Our experienced Care Team of pharmacists and nurses provides outstanding patient-focused services: side-effect management, compliance monitoring, insurance coordination, and express delivery or pickup at over 5,000 Walgreens pharmacies nationwide.

Notes

Notes

Painting: "One World, One Hope" by Joe Average. Joe is an HIV+ artist who has been using his creativity to fight HIV for over 20 years. Visit him online at www.JoeAverageArt.com.

The most powerful weapon against HIV is human creativity.

Like the artist Joe Average, Pfizer HIV/AIDS understands the need for creative approaches to fighting HIV. Through innovative community partnerships and research into novel therapies, our goal is to continue to improve the lives of people living with HIV/AIDS and those at risk around the world.

Pfizer HIV/AIDS

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